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ABSTRACT

This module is one in a series of thirteen specifically designed to help vocational educators develop the skills needed to function as resource persons to learners enrolled in field-centered competency-based teacher preparation programs. (These learners are persons with appropriate occupational experience and competence who are being prepared as teachers on an inservice basis.) The objective of this module is to help develop skill in registering learners in the field for competency-based teacher education programs. Contents include four learning experiences based on three enabling objectives. A list of outside resources which supplement those contained within the module is presented. Each learning experience contains some or all of the following materials: enabling objective: learning activity (activities), including information sheets, case studies, and self-checks with model answer (as feedback): and optional activity (activities). (YLB)

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ED192064

REGISTER LEARNERS FOR CBTE PROGRAMS

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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CE 026 547

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Contract 94-8011 (1977-1978)
Contract 86-8809 (1978-1979)
Contract 85-9825 (1979-1980)

FORWARD

This module is one in a series specifically designed to help vocational educators develop the skills needed to function as Resource Persons to learners enrolled in field-centered competency-based teacher preparation programs. Experience has shown that certain of the modules are also useful in preparing prospective vocational supervisors and administrators since the skills upon which they focus are needed by all persons in vocational leadership positions.

Module content is based on current educational theory as such relates to the experiences of Resource Persons who have been serving on the staff of Program VITAL. The program was made operational at Temple University in the fall of 1973 and, therefore, the staff's experience base is quite broad.

Module format is as described in the *Module Development Handbook* (Quinn, et. al., 1977) which was developed at the National Center for Research In Vocational Education, The Ohio State University. This format was prescribed to be followed for modules centering on the professional development of vocational educators.

This effort was sponsored by the Pennsylvania Department of Education and appreciation is expressed to Dr. John Struck, Mr. Kenneth Swatt, and Dr. Carroll Curtis who, from their positions in the Department, obtained support for the effort. Appreciation is expressed to the many vocational educators who were involved in establishing the research base for the modules, writing the modules, or testing them.

Richard A. Adamsky
Project Director

INTRODUCTION

One of the most important tasks performed by Resource Persons is learner registration. This task is one of the first performed by them and one that is repeated each semester that the program operates.

Since a CBTE program is field-based, registration is conducted by Resource Persons and takes place in local schools rather than at the University. This being the case, it is essential that Resource Persons completely understand the registration process and efficiently perform what is required.

The registration process requires Resource Persons to complete a number of preliminary steps in preparation for registration itself. Success depends on Resource Persons knowing which forms must be completed by learners and how each is to be handled. The registration process does not cease until each form is accurately completed and turned-in to the appropriate person.

In most instances, the first contact learners have with the University is at registration. Therefore, the first university representative they will meet is the Resource Person conducting the registration. This being the case, the Resource Person must be well prepared for this event and demonstrate the ability and willingness needed to assist the learners to appropriately register.

ABOUT THIS MODULE

Objectives:

Terminal Objective: In an actual program situation, register learners for CBTE programs. Your performance will be assessed by your Resource Person, using the Resource Person Assessment Form, pp. 81-82 (Learning Experience IV).

Enabling Objectives:

1. After completing the required reading, demonstrate knowledge of the procedures followed to register learners in CBTE programs (Learning Experience I).
2. After completing the required reading, demonstrate knowledge of how to properly fill out each registration form used in the CBTE programs (Learning Experience II).
3. Given case studies, critique the Resource Persons' ability to register learners in CBTE programs (Learning Experience III).

Prerequisites:

To complete this module, you must have demonstrated competency in each of the following areas:

- Present Vocational Intern Certification Requirements.
- Present Vocational I Certification Requirements.
- Present Vocational II Certification Requirements
- Present Requirements for B.S. Degree in Industrial Education.

Resources:

A list of the outside resources which supplement those contained within the module follows. Check with your Resource Person (1) to determine the availability and the location of these resources, and (2) locate additional references.

LEARNING EXPERIENCE I

(Optional)

A Resource Person whom you may interview regarding registering learners for CBTE programs.

LEARNING EXPERIENCE II

(Optional)

A Resource Person whom you may interview concerning registration materials used in CBTE programs.

LEARNING EXPERIENCE III

(Optional)

A Resource Person whom you may observe conducting the registration process.

LEARNING EXPERIENCE IV

(Required)

1. An actual program situation in which you can register learners for CBTE programs.
2. A Resource Person to assess your competency in registering learners for CBTE programs.

LEARNING EXPERIENCE I

Enabling Objective After completing the required reading, demonstrate knowledge of the procedures followed to register learners in CBTE programs.

Activity You will be reading the information sheet, Registration Procedures, pp 6-13.

Optional Activity You may wish to interview an experienced Resource Person concerning the registration procedures of CBTE programs.

Activity You will be demonstrating your knowledge of the procedures followed to register learners in CBTE programs by completing the Self-Check, p. 14.

Feedback You will be evaluating your competency by comparing your completed Self-Check with the Model Answer, pp. 15-16.

Activity

For information regarding the registration procedures for registering learners in CBTE programs, read the following information sheet.

REGISTRATION PROCEDURES

The registration process begins after the Program Coordinator assigns each Resource Person approximately five schools in the region served by the CBTE program. The process ends when every teacher in these schools has been alerted to the time and place of registration, has had the opportunity to register, and all completed registration materials are turned in to an appropriate university official. In effect, the registration process has three phases: 1) pre registration, 2) registration, and 3) post registration.

Preregistration Phase:

Registration occurs the week before the semester begins. At this time, each Resource Person is assigned several schools to serve during the registration process and is provided with the names of all learners currently being served in these schools.

The first thing that Resource Persons must do is to inform the administration of each school that registration for the CBTE program has been scheduled to take place, and that all teachers in the schools desiring to begin or continue in the program should report to a specific school at a specific time for registration. The Resource Person should advise the administration that the registration process is greatly facilitated through posting a memorandum to the teachers and announcing that registration details can be obtained by reading the posted memorandum. The suggested format for the memorandum follows:

MEMORANDUM

TO: All Interested Registrants

FROM: J. Doe - Field Resource Person

DATE: August 27, 1979

RE: Fall Registration for Industrial Education C.B.T.E. Programs

Registration will be held at East Vocational Technical School on September 1 at 4:00 p.m., in Room 16A, for all those interested in enrolling in the following programs:

VITAL - I.E. 203	-	All persons working toward Vocational I Certificate.
Mastery - I.E. 204	-	All persons working toward Vocational II Certificate.
Preservice	-	According to program area.
Student Teaching	-	According to program area.
I.E. 214	-	For Resident Resource Persons who have functioned in this role for at least one semester. The Resident Resource Person must develop specific skills for the awarding of credit in I.E. 214. No more than 3 s.h. of credit may be awarded for I.E. 214 in a single semester with no more than 6 s.h. of credit total being earned in the course.

Interested registrants should be prepared to register for a minimum of six semester hours at the present rate which is $111.00 per 3 semester hours. They should also bring the following materials with them to registration:

1. an up to date transcript

2. a check or money order for the proper amount made payable to Temple University with that person's Social Security number written on it. Visa and Master Charge will be accepted.

All registration materials must be turned in to the University no later than September 7. Those persons who do not register during the registration period have to contact their Resource Person to register, which will result in an additional fee for late registration.

Anyone wishing further information is asked to contact:

John Doe - Field Resource Person

215 - 777-5555

Once the administration of each school has been contacted and registration particulars have been posted, Resource Persons must assemble all the materials they will need to complete registration, namely:

a. Application Forms for Various Alternative CBTE Program Emphasis (Industrial Education, Student Teaching, VITAL, Mastery, Preservice, and Business Education Student Teaching).
b. Off Campus Registration Packets
c. Class Cards
d. Student Academic Data Maintenance Forms
e. Module Completion Form
f. Module Order and Availability Form
g. Module Request Forms
h. Individual Conference Forms
i. Registration Cover Sheets

It is suggested that Resource Persons have an ample supply of all materials needed during registration. Experience has shown that typically a Resource Person will register between 15 and 25 learners. Needed materials can be procured through the CBTE program secretary.

Registration Phase

The Resource Person should plan on arriving at the registration location early on the day of registration and have all materials needed to successfully register all learners. He/She should also have a carefully prepared plan to follow in order to make this phase in the registration process efficient. In effect, this phase of the process is planned much like a lesson. The registrants must be informed as to what is to be accomplished, helped to accomplish what is needed, and then assessed to determine if they have been successful. The following is a plan that has been used successfully by various Resource Persons.

SUGGESTED PLAN

Job: Register learners

Aim: Given all registration materials, information and procedures, the registrant will correctly complete all materials and procedures essential to the registration phase.

Materials: Registration forms

Aides: Blackboard

Preparation: (by the Resource Person)

List all code numbers that the registrant will need to know in order to complete off campus registration materials, on the blackboard.

Preparation: (of the learner)

1. Introduction of yourself.
2. State objective of this meeting.
3. Provide clarification, if necessary.
4. Criteria will be that each learner must individually check with the Resource Person to insure that all materials and procedures were completed correctly, before leaving registration.

Presentation:

1. Check that all interested persons are present.
2. Group new learners separately from those who have been in the program previously.
3. Distribute appropriate applications (according to program area) and Student Data Maintenance Forms to all new learners.
4. Ask new learners to read and complete these forms. Clarification will be handled by the Resource Person on an individual basis.

5. Collect all program applications and Data Maintenance Forms.
6. Distribute Off Campus Registration Packets.
7. Review and clarify the Registration Instruction Sheet contained within the Off Campus Registration Packet.
8. Direct learners attention to the blackboard where appropriate department names and numbers, course names and numbers, section numbers (etc.), have been listed to facilitate correct registration.
9. Complete Off Campus Registration Forms together as a group. Questions will be handled by the Resource Person. Do not proceed to next form until all finish the first.
10. When learners complete their packets, they will individually present them to the Resource Person for a final check assuring that all materials have been completed accurately. The Resource Person will also sign as the learners' advisor wherever apropriate.
11. Following this, the Resource Person completes the appropriate Class Cards and inserts them into the Off Campus Registration Packet.
12. Resource Person and learner jointly review and/or complete:

a. Individual Conference Form - Resource Person holds individual conference recording certain things you observe or feel.

b. Module Completion Form - Verify with the student his/her record of module completion, recording any discrepancies. The learner must have evidence of completion.

c. Learner Transcript - Review with learner checking for problems or discrepancies.

d. Module Order and Availability Forms and Module Request Forms. The learner may order modules at this time, if he/she chooses.

13. As learners successfully complete these procedures, they are individually dismissed from the registration meeting.

14. When all learners have exited registration, you must complete the Registration Cover Sheet.

Summary: Individual summary, with the learner, of his/her completed registration materials.

Evaluation: Based on correct completion of all registration forms. Learners can leave only after their registration materials have been reviewed by you.

Post Registration Phase

When the Resource Person has registered assigned learners, the completed materials must be appropriately organized and returned to the correct University official.

A. APPLICATION FORMS must be grouped by program emphasis and returned to the Program Coordinator.

B. OFF CAMPUS REGISTRATION PACKETS must be put into one bundle. Enclosed within each packet will be the appropriate class cards and on the outside of the bundle a Registration Cover Sheet. Each bundle is given to the CBTE program secretary with a copy of the Registration Cover Sheet given to the Program Coordinator.

C. STUDENT ACADEMIC DATA MAINTENANCE FORMS are given to the Program Coordinator.

D. MODULE COMPLETION FORMS, PERSONNEL DATA FORMS, INDIVIDUAL CONFERENCE FORMS and MODULE REQUEST FORMS are retained for redistribution to Resource Persons during the second business meeting of the year.

Activity The following item checks your comprehension of the material in the information sheet, Registration Procedures, pp. 6-13. The item requires a short essay-type response. Please explain fully, but briefly.

SELF - CHECK

In your own words, describe the three phases of the registration process.

Feedback

Compare your written response on the Self-Check with the Model Answer given below. Your response need not duplicate the model response; however, you should have covered the same major points.

MODEL ANSWER

PREREGISTRATION PHASE

This is the initial phase of the registration process. It is during this phase that the Resource Person receives his/her registration assignment and begins to set the stage for the second phase of the registration process. This preparation includes making an administrative contact for each assigned school, informing each as to the specifics of the scheduled registration. This is usually best accomplished by issuing a written memorandum to each school. Assembling all materials needed to complete registration is also done during this preparatory stage.

REGISTRATION PHASE

This is the specific time, during which the Resource Person meets with the learners in order to gather the essentials needed to finalize the registration process.

This phase is the target of all the Resource Persons' planning efforts during the preregistration phase. Evidence has shown that a carefully prepared plan, for use by the Resource Person, makes this phase of the registration process more efficient. Such a plan should be patterned after the lesson plan, which provides the learner with the conditions under which he/she will be operating, performances that he/she will be required to do, and criteria by which he/she will be evaluated.

POST REGISTRATION PHASE

This is the final stage of the registration process, during which the Resource Person organizes all completed materials and returns them to the designated University official.

LEVEL OF PERFORMANCE: Your completed Self-Check should have covered the same major points as the Model Answer. If you missed some points or have questions about any additional points you made, review the material in the information sheet, Registration Procedures, pp. 6-13, or check with your Resource Person, if necessary.

LEARNING EXPERIENCE II

Enabling Objective After completing the required reading, demonstrate knowledge of how to properly fill-out each registration form used in the C.B.T.E. programs.

Activity You will be reading the information sheet, Registration Materials, pp. 18-46.

Optional Activity You may wish to interview an experienced Resource Person concerning the registration materials used in C.B.T.E. programs.

Activity You will be demonstrating your knowledge of the registration materials used in C.B.T.E programs, by reading the provided Demographic Information of a Learner, p. 47, and completing the registration forms provided for this learner, pp. 48-56.

Feedback You will be evaluating your competency by comparing your completed registration forms with the Model Registration Forms, pp. 58-65.

Activity For information regarding the registration materials used in C.B.T.E. programs, read the following information sheet.

Registration Materials

The importance of properly completing all the forms used during the registration process can not be overemphasized. Success as a Resource Person cannot be achieved without attending to the details of helping learners properly fill-out each form used. Improperly completed forms often result in learners not getting registered or in registration errors that are not easily resolved.

When conducting the registration, the Resource Person should have the registrants proceed through the forms together. They should not proceed to the next form until all affected have successfully completed a particular form. In the sections to follow, each form is displayed and discussed.

Form 1: The Application Form

These applications provided interested registrants with the operating procedures and conditions for each program being offered. Every individual wanting to enter a program must complete the appropriate application. Any individual refusing to sign the application will not be permitted to register. These applications need to be completed by those students entering a program for the first time. The completed applications are to be returned to the appropriate Program Coordinator where they are kept on file as a binding agreement between student and university.

APPLICATION TO PROGRAM VITAL

I, the undersigned, have read this application form and understand the conditions for acceptance, continuation, and completion of requirements in Program VITAL and wish to be included among those served:

_____

Signed

_____

Date

PROGRAM VITAL

Program VITAL is a vocational teacher education program designed for beginning vocational teachers (interns). They are helped to develop selected teaching skills by field resource persons from Temple University and resident resource persons from their schools. Assistance is provided at the schools in which they teach rather than at Temple University or a University Center. Each intern's program is tailor-made to his or her professional needs and each is helped to accept responsibility for progress toward teaching competence.

A new teacher can earn fifteen semester hours of credit in vocational professional education through Program VITAL and, upon successful completion of program requirements, a speech test and a three semester hour course in general education, he or she becomes eligible for Provisional Certification (Vocational I).

THE CONDITIONS

There are a number of conditions for acceptance and continuation in Program VITAL. They are as follows:

To be accepted into the program a candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania
b. Notify his or her local director of enrollement in the program.
c. Have applied for matriculation with Temple University (if no Bachelors Degree already earned).
d. Qualify for an intern teaching certificate
    1) Be a high school graduate or hold a GED diploma
    2) Complete an application to the certificate program at Temple University

THE CONDITIONS (continued)

3) Complete the occupational experience statement and have it notarized
4) Verify adequate occupational experience
5) Have applied for occupational competency test.

To continue in Program VITAL, the candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania.
b. Register for no less than six semester hours of credit in Vocational Professional Education each semester.
c. Successfully complete at least six modules (equal to three semester hours of credit) each semester.
d. Seek and receive program counseling from his or her Temple University faculty advisor at least once each year.
e. Meet with a field resource person on an individual basis at least once a week.
f. Meet with a field resource person on a small group basis once a week, if requested.
g. Routinely use the teaching skills developed in Program VITAL.

To complete Program VITAL, the candidate is expected to:

a. Be recommended for professional certification by a local council of educators consisting of (1) an elected local teacher, (2) an appointed local administrator, and (3) a vocational teacher educator from Temple University.*
b. Successfully complete thirty modules. Present to a council of educators a half-hour sample video tape of teaching ability, and all products associated with completed modules.
c. Have earned fifteen semester hours of credit in Vocational Professional Education, three semester hours of general education, and have successfully passed the speech screening test.

* When an intern appears before a council of educators and does not receive its recommendation for provisional certification, the council will indicate in writing the reasons for withholding such recommendation. The intern is required to improve teaching performance in the areas indicated before another review can be scheduled. If the intern does not receive the council's recommendation and believes that ample evidence to justify its recommendation was presented, the intern may appeal this decision. Appeals should be made in writing to the Chairman of the Department of Vocational Education, Temple University.

FRP _____ Student _____
(print) (print)

School _____ Date _____
(print) (print)

PRIORITY FORM

Introduction:

Program Mastery is to begin this Fall semester (1978) and persons who completed the requirements of Program VITAL are invited to complete the professional component of their Vocational II Certificate program in Mastery.

You may earn up to 9 S.H. of credit in Mastery which, in combination with the 15 S.H. of credit earned in VITAL, completes the required professional "course work" needed for the Voc. II certificate.

There are 18 modules to complete in Program Mastery, nasely:

1. A06 Develop Program Goals and Objectives
2. A07 Conduct an Occupational Analysis
3. A08 Develop a Course of Study
4. C03 Employ Brainstorming, Buzz Groups, and Question-Box Techniques
5. C05 Employ Simulation Techniques
6. C14 Provide Instruction for Slower and More Capable Learners
7. C18 Individualize Instruction
8. C24 Present Information with Filmstrips and Slides
9. C25 Present Information with Films
10. C27 Present Information with Televised and Videotaped Materials
11. D04 Assess Student Performance - Skills
12. E01 Project Instructional Resource Needs
13. E02 Manage Your Budgeting and Reporting Responsibilities
14. E04 Maintain a Filing System
15. E07 Assist Students in Developing Self-Discipline

16. F03 Use Conferences to Help Meet Student Needs

17. F04 Provide Information on Educational and Career Opportunities

18. F05 Assist Students in Applying for Employment or Further Education

Instructions:

If you choose to enter Program Mastery, you must register for six (6) S.H. of IE204 or be in Program VITAL for three (3) S.H. of IE203 and three (3) S.H. of IE 204. As in Program VITAL, you will be required to register for audit credit if your progress is such that you do not complete successfully an appropriate number of modules during a registration period (two modules equal one S.H. credit).

If you understand the conditions for being in Program Mastery and wish to enter this program, please complete the following:

Signature_____ Date _____

School _____

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Applications for other CBTE Programs (Industrial Education, Student Teaching, Preservice, Business Education,Student Teaching) were not available at the time of this publication.

Form 2: Off Campus Registration Packet

This is a standard packet of forms that has been put together to provide the university with essential information on each individual student registering for Temple coursework. The registrant is responsible for completing this packet of forms, but in many instances will need assistance from you. Students must complete all forms in the registration packet. Forms should be checked for accuracy making sure that correct course numbers, section numbers, department numbers, location, and social security number appear in their place.

The following information will assist you in offering help to the registrant.

Department Name	Department (curriculum) Number
Vocational Education	01967
Industrial Education	01924
Industrial Arts Education	01966
Adult Education	01965
Business Education	01903
Distributive Education	01925

Any of the above departments can be reached by dialing 787-6015.

Department Name	Course #	Course Title	Program
IE	203	Pedagogical Competence	Vital
IE	204	Pedagogical Competence	Mastery
(According to Pgm. Area)		Pedagogical Competence	Preservice
(According to Pgm. Area)		Pedagogical Competence	Student Tchg.
IE	214	Field Experience	(According to program in which the RRP is functioning.)

All of the above courses are undergraduate.

Section #

All the field based C.B.T.E. programs offered by the Vocational Education Department at Temple University bear a 301 section number.

College #

Education - 019

County Codes

Use abbreviation

Undergraduate Student Load

Part time - 0 - 11 semester hours

Full time - 12 semester hours and up

Location

Name of the school at which the learner is teaching.

Time

Monday through Friday

Instructor

ARR - Arranged

Student Number

Those students who have previously registered at Temple University have been assigned a student number and should use it. In an instance where a student has forgotten his/her student number, they should indicate near the appropriate box, that they have been assigned one, so as not to receive another. New students will leave this blank and will be assigned a student number that will appear on their transcript.

When this Packet has been completed and checked, the registering sudent's name and social security number should be written on the front.

Credit Card Payment

Visa and Master Charge are acceptable for payment of registration fees. The charge code must be indicated, along with the name of the card, on the Bursar's Receipt, if the registration is to be processed.

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TEMPLE UNIVERSITY

OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

REGISTRATION & ENROLLMENT OFFICE

	PRINT STUDENTS NAME LAST FIRST I.	DATE	SOC. SEC. NUMBER	REMARKS
1			— —	
2			— —	
3			— —	
4			— —	
5			— —	
6			— —	
7			— —	
8			— —	
9			— —	
10			— —	
11			— —	
12			— —	
13			— —	
14			— —	
15			— —	
16			— —	
17			— —	
18			— —	
19			— —	

TEMPLE UNIVERSITY

PHILADELPHIA, PENNSYLVANIA 19122

EXTENSION SERVICES

REGISTRATION INSTRUCTIONS

ALL STUDENTS MUST COMPLETE ALL FORMS

1. Place your name and social security number on all forms
2. Be sure to indicate course number AND section number
3. Please include a DAY telephone number on your off-campus statistical form
4. Veterans are asked to mark "VETERAN" across the advising record form
5. STUDENTS MUST PAY TUITION AT TIME OF REGISTRATION

   Please avoid paying by cash
   Make all checks payable to Temple University and place your social security number under your signature
   If you are a full time student adding a course, please include a xerox copy of your paid tuition bill
   Tuition remission forms must be presented at time of registration
   REGISTRATION IS NOT COMPLETE UNTIL TUITION IS PAID

   * TUITION RATE PER SEMESTER HOUR OF CREDIT

	Pennsylvania Residents	Non-Residents
Undergraduate:	$71.00	$103.00
Graduate:	$96.00	$128.00

6. For information and assistance, please feel free to call Extension Services office (215) 787-7265

ML

*Tuition subject to change

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SEMESTER
☐ FALL
☐ SPRING
☐ 1 S.S.
☐ 2 S.S.
☐ 3 S.S.

YEAR 19___

TEMPLE UNIVERSITY

of the Commonwealth System of Higher Education
PHILADELPHIA, PENNSYLVANIA 19122

STUDENT STATISTICAL RECORD

(COMPLETING THIS FORM DOES NOT MAKE THE APPLICANT A DEGREE CANDIDATE)

SOCIAL SECURITY NO. (1)

HAVE YOU ATTENDED TEMPLE BEFORE? YES ☐ NO ☐

1 0 (10) ☐ (12) IF YOU HAVE ATTENDED TEMPLE UNIVERSITY IN THE LAST TWO YEARS, ENTER 'Y' IN THE BLOCK TO THE LEFT. OTHERWISE ENTER 'N'.

LAST NAME (13) FIRST NAME (26) M.I. (36) MIDDLE OR MAIDEN NAME

DATE OF BIRTH Mo. Day Yr. (37)

SEX (43) 1 - Male 2 - Female

MARITAL STATUS (44) 1 - Single 2 - Married

ARE YOU SEEKING GRADUATE CREDIT FOR THE COURSES YOU PLAN TO TAKE WHILE ATTENDING TEMPLE? [ ] YES [ ] NO

(45) CERTIFICATION STUDENTS ONLY: ONLY STUDENTS SEEKING TEACHER CERTIFICATION ARE TO COMPLETE THE BLOCK NUMBERED "45". IF YOU ARE SEEKING PERMANENT TEACHER CERTIFICATION ENTER "67." OTHERWISE ENTER "32." NON-MATRICULATING STUDENTS COMPLETING THIS FORM ARE TO CODE COLLEGE NUMBER 072.

COLLEGE (47)

ENTER 3 POS. COLLEGE CODE IN THE BLOCKS ABOVE.

COLLEGE/SCHOOL			
ADMIN. OF JUSTICE	006	EDUCATION	019
ALLIED HEALTH	049	ENGINEERING TECH.	091
AMBLER	057	H.P.E.R.D.	020
BUREAU OF BUS. & GOVT. SERV.	090	LAW	003
BUSINESS	015	LIBERAL ARTS	018
COMM. & THEATER	017	MEDICAL	011
CONTINUING ED	072	MUSIC	022
DENTAL	001	PHARMACY	012
DENTAL HYGIENE	004	SOC. ADMINISTRATION	054
		TYLER ART	026

STUDENT NUMBER (50)

ENTER YOUR STUDENT NO. IN THE BOXES ABOVE

OFFICIAL USE ONLY (57) R - RES N - NR

ETHNIC BACKGROUND (72)
1 - American Indian or Alaskan Native
2 - Black, not of Hispanic Origin
3 - Asian or Pacific Islander
4 - Hispanic
5 - White, not of Hispanic Origin
7 - Other

OFFICIAL USE ONLY FOR READMISSION ONLY
(56) Cert.
(58) Matric.
(59) Class (6,8,9)
(60) Curric.
(66) Antic Grad. (MM/YY)
(73) Degree
(79) Reg. Status

HIGH SCHOOL(S) ATTENDED

NAME OF SCHOOL	CITY AND STATE	MO/YR OF GRAD	ATTENDED FROM	TO

COLLEGES OR UNIVERSITIES ATTENDED
INCLUDE ANY CAMPUS OR OFF CAMPUS DIVISION OF TEMPLE UNIVERSITY

NAME OF INSTITUTION	LOCATION	DATES ATTENDED	DEGREES EARNED

1 6 1 (10) PRINT YOUR HOUSE NUMBER AND STREET NAME HERE (13)

PRINT NAME OF CITY AND STATE (37) *STATE CODE (53) ZIP CODE (56)

1 7 1 (10) PRINT APARTMENT NAME AND NUMBER HERE, IF ANY (13)

*ENTER STANDARD U.S. POST OFFICE STATE CODES: PA, NJ, NY, DE, ETC.

TELEPHONE NUMBER (61) Area Exchange Number

COUNTY CODE (71)

STATEMENT OF RESIDENCE FOR ALL APPLICANTS

Name and country of your citizenship

In what state and country do you claim legal residence? STATE COUNTY
(TEMPLE UNIVERSITY RESERVES THE RIGHT TO REQUIRE DOCUMENTARY EVIDENCE IN SUPPORT OF YOUR CLAIM OF RESIDENCE.)

If you claim Pennsylvania residence will you have resided in Pennsylvania for twelve consecutive months preceding your entry into Temple University? Yes No

Have you been a student during the past twelve months? NO YES If YES, where?

I am now and have been since 19 a legal resident of the State of

Address City

State Zip Code

Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made on this form are correct and complete.

Signature of Applicant (Required) Date

28

REG. FORM 202 REV. 7 78

30

IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER)

DATE

CHARGES OR CREDITS PROCESSED AFTER ABOVE DATE WILL BE RECORDED ON YOUR NEXT STATEMENT

YOU ARE SCHEDULED FOR THE FOLLOWING COURSES.

DEPT NAME	DEPT NO.	COURSE	SECTION	HOURS	L	DAYS	TIME	LOCATION

SCHOOL/COLLEGE

YEAR

TOTAL CREDIT HOURS

SEMESTER

DATE	DESCRIPTION	CHARGE	CREDIT

No. 73662

DATE DUE

ALL INVOICES MUST BE PROCESSED THROUGH THE CASH REGISTER TO COMPLETE REGISTRATION

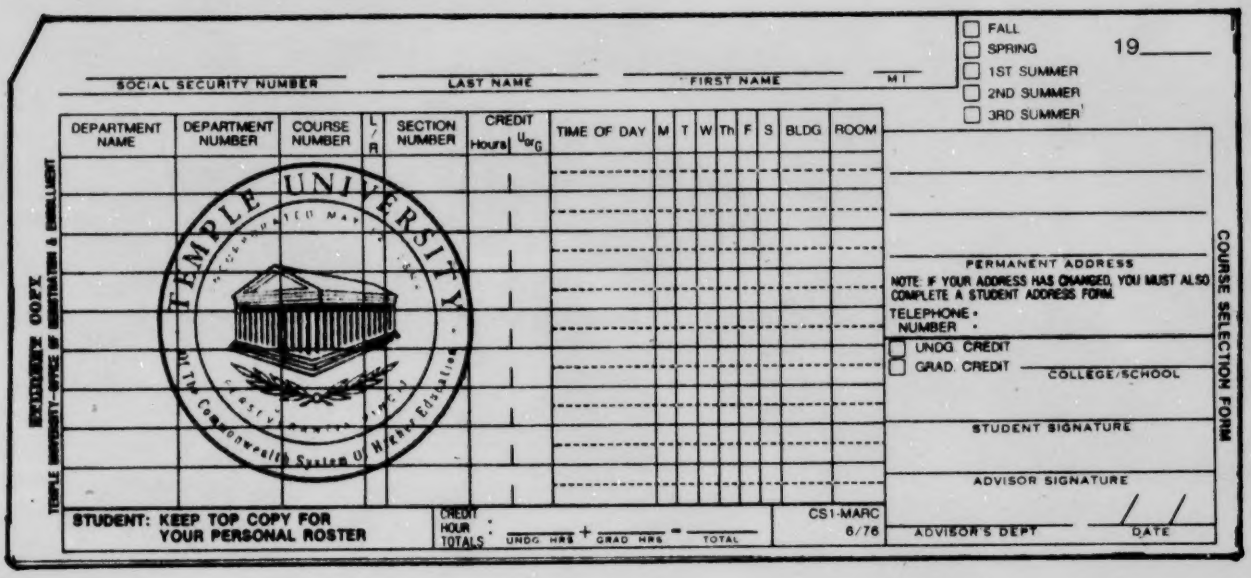
PAY THIS AMOUNT →

CAMPUS

DAY/EVE.

NO.

READ INSTRUCTIONS ON BACK OF YELLOW COPY



EXTENSION SERVICES STATISTICAL RECORD

Sem. Yr.
Fall 19
Sprg 19
1 SS 19
2 SS 19
3 SS 19

(Last Name) (First) M.I. Soc. Sec. #

Street Address City State Zip

Student Number College ( ) Day Phone ( ) Evening Phone

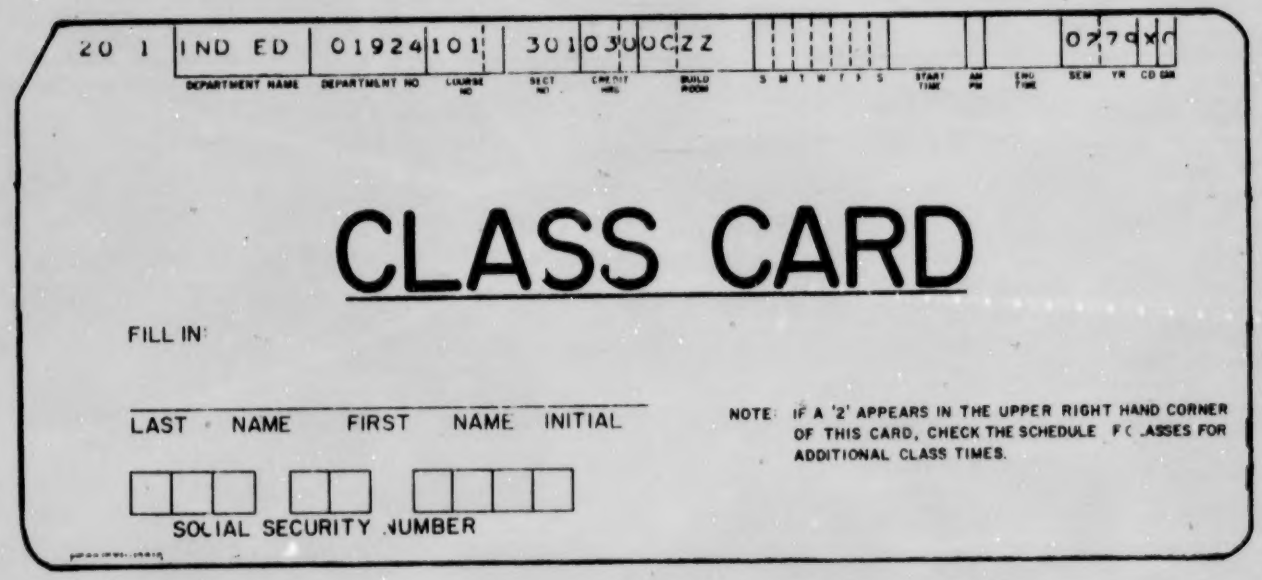
DPT. NAME	CRS #	SEC.	TITLE	CR.	G/U	LOCATION

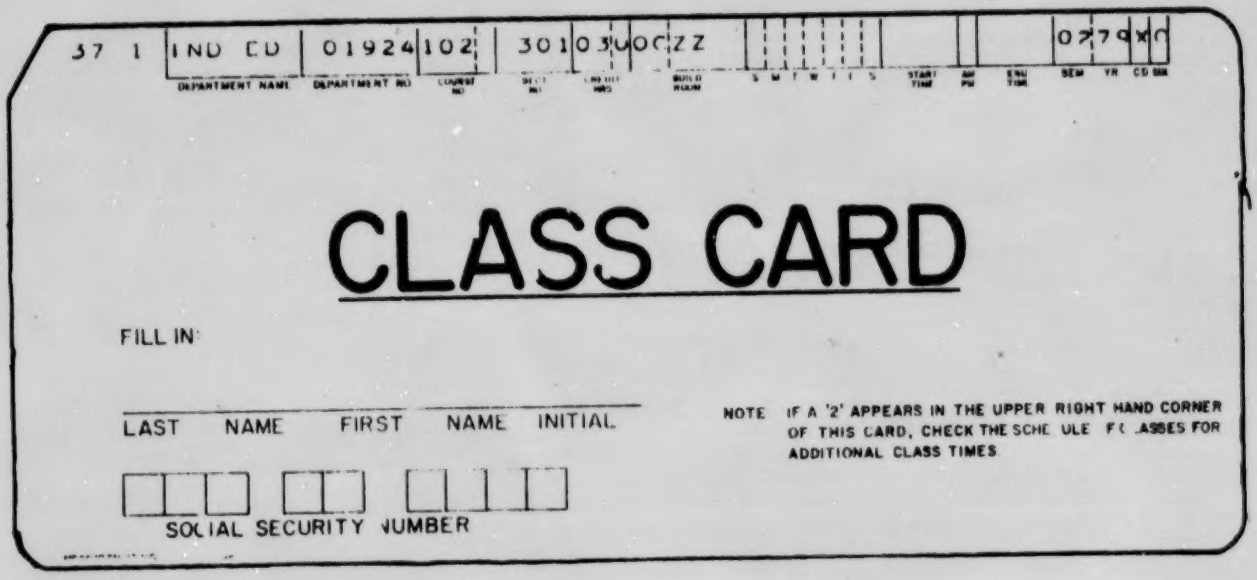
DATE: _____ PLEASE FILL OUT REVERSE SIDE

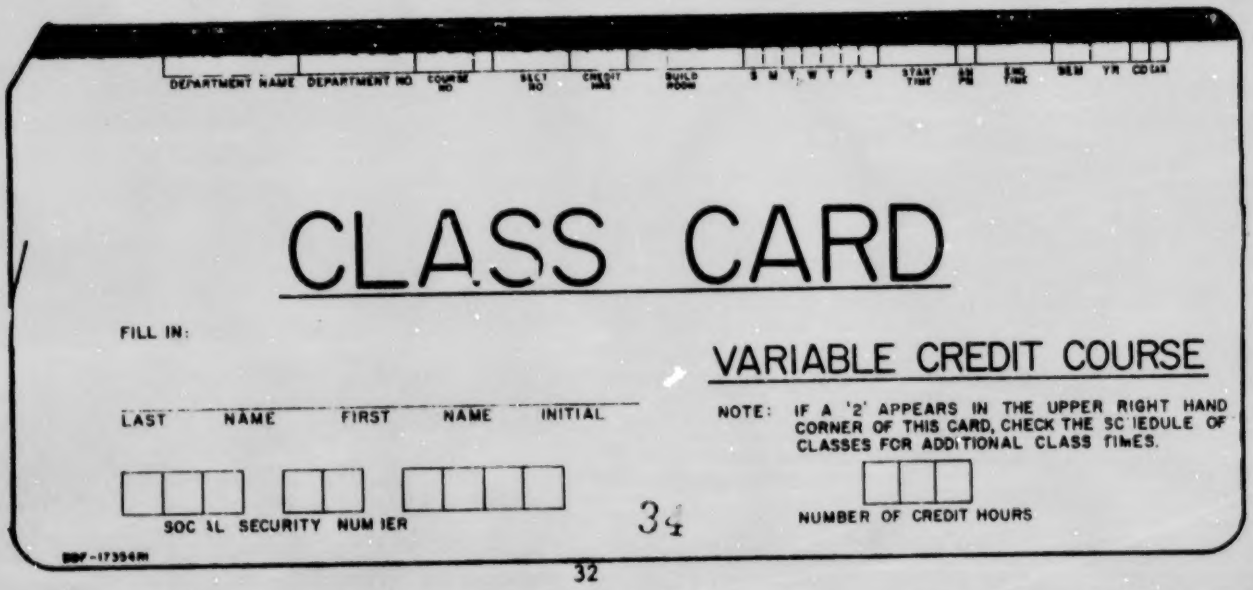
Form 3: Class Cards

These are computer cards that are specially punched for each course being offered by the university and aid in compiling master class lists. They contain the department name and number, course title, and course number. It is your responsibility to complete the appropriate card(s) for the appropriate course(s) that the individual is registering for. You should carry to registration a sufficient number of cards for each course. Place the completed class cards into the students completed Off Campus Registration Packet.

Class cards marked I.E. 101 and I.E. 102 are used when a student is auditing IE 203 or IE 204 from a previous semester. Essentially this means that he/she has received an incomplete in IE 203 or IE 204 and is reregistering to complete the coursework.


20 1 IND ED 01924 101 301 03 00 ZZ
DEPARTMENT NAME
DEPARTMENT NO
COURSE NO
SECT NO
CREDIT HRS
BUILD ROOM
S M T W T F S
START TIME
AM PM
END TIME
SEM
YR
CD SAR
CLASS CARD
FILL IN:
LAST NAME FIRST NAME INITIAL
SOCIAL SECURITY NUMBER
NOTE: IF A '2' APPEARS IN THE UPPER RIGHT HAND CORNER OF THIS CARD, CHECK THE SCHEDULE OF CLASSES FOR ADDITIONAL CLASS TIMES.


37 1 IND ED 01924 102 301 03 00 ZZ
DEPARTMENT NAME
DEPARTMENT NO
COURSE NO
SECT NO
CREDIT HRS
BUILD ROOM
S M T W T F S
START TIME
AM PM
END TIME
SEM
YR
CD SAR
CLASS CARD
FILL IN:
LAST NAME FIRST NAME INITIAL
SOCIAL SECURITY NUMBER
NOTE: IF A '2' APPEARS IN THE UPPER RIGHT HAND CORNER OF THIS CARD, CHECK THE SCHEDULE OF CLASSES FOR ADDITIONAL CLASS TIMES.


DEPARTMENT NAME
DEPARTMENT NO
COURSE NO
SECT NO
CREDIT HRS
BUILD ROOM
S M T W T F S
START TIME
AM PM
END TIME
SEM
YR
CD SAR
CLASS CARD
FILL IN:
VARIABLE CREDIT COURSE
LAST NAME FIRST NAME INITIAL
SOCIAL SECURITY NUMBER
NOTE: IF A '2' APPEARS IN THE UPPER RIGHT HAND CORNER OF THIS CARD, CHECK THE SCHEDULE OF CLASSES FOR ADDITIONAL CLASS TIMES.
NUMBER OF CREDIT HOURS
34
BDF-17356M

DEPARTMENT NAME	DEPARTMENT NO.	COURSE NO.	SECT. NO.	CREDIT HRS	BUILD ROOM	S M T W T F S	START TIME	AM PM	END TIME	SEM	YR	CU LAB
TIND ED	01924	204	3D1	VAR								

CLASS CARD

FILL IN:

LAST NAME FIRST NAME INITIAL

NOTE: IF A '2' APPEARS IN THE UPPER RIGHT HAND CORNER OF THIS CARD, CHECK THE SCHEDULE OF CLASSES FOR ADDITIONAL CLASS TIMES.

SOCIAL SECURITY NUMBER

DDF (7313R)

214

CLASS CARD

Form 4: Student Academic Data Maintenance Form

In order to have our students properly classified within the College of Education, so that we will routinely receive records needed to advise them and satisfy the record keeping requirements of the Bureau of Vocational Education, we must complete this form for each new nonmatriculating student. Important information to be completed on this form is the student's name, social security number, current curriculum number, and box labeled 77. Place "C" in box 77 if the student is not matriculated and only seeking a certificate.

It will be your responsibility to complete a Data Maintenance form for each new student that you register.

TEMPLE UNIVERSITY

STUDENT ACADEMIC DATA MAINTENANCE FORM

9 SOCIAL SECURITY NO.

STUDENT'S FULL NAME

10 [2][0]

12 ENTER:
U-UNDERGRADUATE
G-GRADUATE
P-PROFESSIONAL

13 CURRENT DEGREE SOUGHT

16 CONCURRENT DEGREE SOUGHT

19 CURRENT CURRICULUM

25 CONCURRENT CURRICULUM

31 ADVISOR'S LAST NAME

46 ADVISOR'S SOCIAL SECURITY NO.

55 [0][1][9] STUDENT'S COLLEGE CODE

58 SPECIAL DESIGNATIONS

66 REASON FOR WITHDRAWAL

68 EFFECTIVE SEM

72 WITHDRAWAL DATE

78 ADMISSIONS CLASS

10 [3][8]

15 18 TRANSFER HOURS

23 TRANSFER HOURS UNACCEPTABLE TO TEMPLE

27 FULL TIME/PART TIME INDICATOR

28 EFFECTIVE SEMESTER FOR FULL TIME/PART TIME STATUS

32 ANTICIPATED GRADUATION DATE

10 [3][5]

72 CLASS CODE

77

SOURCE AND AUTHORIZATION

DATE

37

REG FORM 755

Form 5: Module Completion Forms or Vital Mis

These forms provide a list of modules that each learner has previously completed. A Module Completion Form should be filled out for all new students entering a program. They should be updated at appropriate times throughout the semester. This system allows you to see exactly where each individual stands in relation to program completion.

MODULE COMPLETION

1978 - 1979

LEARNER NAME: _____ (filled out by FRP)

☐ VITAL ☐ MASTERY ☐ STUDENT TEACHING ☐ VITAL/MASTERY COMBINED

This list of modules completed during the 1978-1979 academic year is used to validate learner responses on their program evaluation. Learners must have this in hand when responding to evaluation instrument.

VITAL - Check completed modules '78-'79

B01 ____	B06 ____	C08 ____	C13 ____	C22 ____	E05 ____
B02 ____	C02 ____	C09 ____	C15 ____	C23 ____	E08 ____
B03 ____	C04 ____	C10 ____	C16 ____	C29 ____	E09 ____
B04 ____	C06 ____	C11 ____	C17 ____	D01 ____	G07 ____
B05 ____	C07 ____	C12 ____	C21 ____	D05 ____	I0 ____

MASTERY - Check completed modules '78 - '79

A06 ____	C05 ____	C25 ____	E02 ____	F04 ____
A07 ____	C14 ____	C27 ____	E04 ____	F05 ____
A08 ____	C18 ____	D04 ____	E07 ____	
C03 ____	C24 ____	E01 ____	F03 ____	

OTHERS - Add, if any

____	____	____	____	____	____
____	____	____	____	____	____
____	____	____	____	____	____

Form 6: C.B.T.E. Module Order and Availability Form

This form provides the learner with information necessary to order any of the modules produced by the Center for Vocational Education at Ohio State University and published by the American Association for Vocational Instructional Materials at the University of Georgia. This order form can be sent directly to AAVIM. However, it would be advisable for the learner to place his/her module order with the Temple University bookstore, through you, using Form 7. This form should be provided to the learner at registration.

Prices Effective January 1, 1979

PBTE Materials ORDER FORM

To Use This Form: Select the materials you desire from the listing on pages 1, 2 and 3 of this form. After you have selected all materials desired, record totals in the space provided on page 4 and compute a "Total Amount Due."

When you complete the form, fold it so that the return address panel is on the outside, staple, and mail—no postage necessary.

Your purchase order may be substituted for this order blank.

Developed by:

THE NATIONAL CENTER FOR RESEARCH IN VOCATIONAL EDUCATION
THE OHIO STATE UNIVERSITY
1960 KENNY ROAD · COLUMBUS, OHIO 43210

Published by:

AA VIM

AMERICAN ASSOCIATION FOR VOCATIONAL INSTRUCTIONAL MATERIALS
Engineering Center—Univ. of Georgia
Athens, Georgia 30602
404 542-2586

These materials were developed and tested pursuant to contracts with the **National Institute of Education** and the **U.S. Office of Education.**

Listings

SUPPORTING MATERIALS		Price Each	Quantity Desired	TOTAL COST
	Performance-Based Teacher Education The State of the Art, General Education and Vocational Education	$ 3.75		
	Resource Person Guide to Using Performance-Based Teacher Education Materials	5.00		
	Student Guide to Using Performance-Based Teacher Education Materials	1.35		
	Guide to the Implementation of Performance-Based Teacher Education	4.85		
	Overview of the Center's PBTE Program (slide/audiotape)	41.00		
	The Role of the Resource Person Using the Center's PBTE Materials (slide/audiotape)	72.00		
	U and PBTE (slide/audiotape)	44.00		
	Vocational Teacher Competency Profile—Pad of 50 Individualized Record Sheets	2.20		

Module Number	Name of Module			
CATEGORY A: PROGRAM PLANNING, DEVELOPMENT, AND EVALUATION		Discounted price of complete set $30.83		
A-1	Prepare for a Community Survey	$ 4.30		
A-2	Conduct a Community Survey	2.65		
A-3	Report the Findings of a Community Survey	3.75		
A-4	Organize an Occupational Advisory Committee	2.00		
A-5	Maintain an Occupational Advisory Committee	2.65		
A-6	Develop Program Goals & Objectives	2.20		
A-7	Conduct an Occupational Analysis	4.20		
A-8	Develop a Course of Study	3.10		
A-9	Develop Long-Range Program Plans	2.20		
A-10	Conduct a Student Follow-Up Study	3.75		
A-11	Evaluate Your Vocational Program	3.45		
CATEGORY B: INSTRUCTIONAL PLANNING		Discounted price of complete set $15.12		
B-1	Determine Needs & Interests of Students	$ 3.75		
B-2	Develop Student Performance Objectives	3.30		
B-3	Develop a Unit of Instruction	3.30		
B-4	Develop a Lesson Plan	2.00		
B-5	Select Student Instructional Materials	2.00		
B-6	Prepare Teacher-Made Instructional Materials	2.45		

1

PRICES QUOTED IN EFFECT 10/16/79

Continued on to PG numbered 40

Module Number	Name of Module	Price Each	Quantity Desired	TOTAL COST
CATEGORY C: INSTRUCTIONAL EXECUTION		Discounted price of complete set $69.26		
C-1	Direct Field Trips	$ 3.30		
C-2	Conduct Group Discussions, Panel Discussions, & Symposiums	2.65		
C-3	Employ Brainstorming, Buzz Group, & Question Box Techniques	1.55		
C-4	Direct Students in Instructing Other Students	1.55		
C-5	Employ Simulation Techniques	3.55		
C-6	Guide Student Study	2.45		
C-7	Direct Student Laboratory Experience	3.30		
C-8	Direct Students in Applying Problem-Solving Techniques	3.30		
C-9	Employ the Project Method	2.45		
C-10	Introduce a Lesson	2.65		
C-11	Summarize a Lesson	2.45		
C-12	Employ Oral Questioning Techniques	2.45		
C-13	Employ Reinforcement Techniques	2.90		
C-14	Provide Instruction for Slower & More Capable Learners	1.80		
C-15	Present an Illustrated Talk	2.90		
C-16	Demonstrate a Manipulative Skill	2.20		
C-17	Demonstrate a Concept or Principle	3.10		
C-18	Individualize Instruction	2.90		
C-19	Employ the Team Teaching Approach	1.80		
C-20	Use Subject Matter Experts to Present Information	2.45		
C-21	Prepare Bulletin Boards & Exhibits	2.65		
C-22	Present Information with Models, Real Objects, & Flannel Boards	2.90		
C-23	Present Information with Overhead & Opaque Materials	3.10		
C-24	Present Information with Filmstrips & Slides	3.10		
C-25	Present Information with Films	2.20		
C-26	Present Information with Audio Recordings	3.10		
C-27	Present Information with Televised & Videotaped Materials	2.20		
C-28	Employ Programmed Instruction	2.90		
C-29	Present Information with the Chalkboard & Flip Chart	3.10		
CATEGORY D: INSTRUCTIONAL EVALUATION		Discounted price of complete set $11.97		
D-1	Establish Student Performance Criteria	$ 1.55		
D-2	Assess Student Performance: Knowledge	3.55		
D-3	Assess Student Performance: Attitudes	2.20		
D-4	Assess Student Performance: Skills	1.80		
D-5	Determine Student Grades	2.20		
D-6	Evaluate Your Instructional Effectiveness	2.00		
CATEGORY E: INSTRUCTIONAL MANAGEMENT		Discounted price of complete set $20.79		
E-1	Project Instructional Resource Needs	$ 3.10		
E-2	Manage Your Budgeting & Reporting Responsibilities	3.10		
E-3	Arrange for Improvement of Your Vocational Facilities	1.80		
E-4	Maintain a Filing System	2.00		
E-5	Provide for Student Safety	2.90		
E-6	Provide for the First Aid Needs of Students	2.00		
E-7	Assist Students in Developing Self-Discipline	2.20		
E-8	Organize the Vocational Laboratory	2.45		
E-9	Manage the Vocational Laboratory	3.55		

2

Module Number	Name of Module		Price Each	Quantity Desired	TOTAL COST
CATEGORY F: GUIDANCE		Discounted price of complete set	**$11.97**		
F-1	Gather Student Data Using Formal Data-Collection Techniques		$ 2.90		
F-2	Gather Student Data Through Personal Contacts		2.20		
F-3	Use Conferences to Help Meet Student Needs		2.45		
F-4	Provide Information on Educational & Career Opportunities		2.45		
F-5	Assist Students in Applying for Employment or Further Education		3.30		
CATEGORY G: SCHOOL-COMMUNITY RELATIONS		Discounted price of complete set	**$20.43**		
G-1	Develop a School-Community Relations Plan for Your Vocational Program		$ 1.80		
G-2	Give Presentations to Promote Your Vocational Program		2.90		
G-3	Develop Brochures to Promote Your Vocational Program		2.65		
G-4	Prepare Displays to Promote Your Vocational Program		2.45		
G-5	Prepare News Releases & Articles Concerning Your Vocational Program		2.20		
G-6	Arrange for Television & Radio Presentations Concerning Your Vocational Program		3.10		
G-7	Conduct an Open House		1.80		
G-8	Work with Members of the Community		2.20		
G-9	Work with State and Local Educators		1.80		
G-10	Obtain Feedback about Your Vocational Program		1.80		
CATEGORY H: STUDENT VOCATIONAL ORGANIZATION		Discounted price of complete set	**$10.04**		
H-1	Develop a Personal Philosophy Concerning Student Vocational Organizations		$ 1.55		
H-2	Establish a Student Vocational Organization		2.00		
H-3	Prepare Student Vocational Organization Members for Leadership Roles		1.80		
H-4	Assist Student Vocational Organization Members in Developing and Financing a Yearly Program of Activities		2.00		
H-5	Supervise Activities of the Student Vocational Organization		2.00		
H-6	Guide Participation in Student Vocational Organization Contests		1.80		
CATEGORY I: PROFESSIONAL ROLE AND DEVELOPMENT		Discounted price of complete set	**$17.15**		
I-1	Keep Up to Date Professionally		$ 2.20		
I-2	Serve Your Teaching Profession		2.00		
I-3	Develop an Active Personal Philosophy of Education		3.30		
I-4	Serve the School & Community		1.55		
I-5	Obtain a Suitable Teaching Position		2.65		
I-6	Provide Laboratory Experiences for Prospective Teachers		2.45		
I-7	Plan the Student Teaching Experience		2.45		
I-8	Supervise Student Teachers		2.45		
CATEGORY J: COORDINATION OF COOPERATIVE EDUCATION		Discounted price of complete set	**$25.81**		
J-1	Establish Guidelines for Your Cooperative Vocational Program		$ 2.45		
J-2	Manage the Attendance, Transfers, & Terminations of Co-Op Students		1.55		
J-3	Enroll Students in Your Co-Op Program		5.00		
J-4	Secure Training Stations for Your Co-Op Program		1.80		
J-5	Place Co-Op Students on the Job		5.00		
J-6	Develop the Training Ability of On-the-Job Instructors		1.80		
J-7	Coordinate On-the-Job Instruction		4.20		
J-8	Evaluate Co-Op Students' On-the-Job Performance		2.20		
J-9	Prepare for Students' Related Instruction		2.45		
J-10	Supervise an Employer-Employee Appreciation Event		2.00		

3

STAPLE OR TAPE TOP

FIRST CLASS
PERMIT NO. 83
ATHENS, GA
30602

BUSINESS REPLY MAIL NO POSTAGE STAMP NECESSARY IF MAILED IN THE UNITED STATES

Postage will be paid by

AAVIM
120 ENGINEERING CENTER
ATHENS, GEORGIA 30602

FOLD ALONG DOTTED LINE AND MAIL

SHIP TO:

NAME

STREET

CITY STATE ZIP CODE

PHONE NUMBER

4

BILL TO:

IF DIFFERENT FROM INFORMATION ABOVE

NAME

STREET

CITY STATE ZIP CODE

PHONE NUMBER

FOLD BOTTOM FLAP UNDER FIRST

COMPUTE YOUR COST BELOW

TOTAL COST

POSTAGE AND HANDLING

Minimum $1.00
Up to $200 ..... 8%
Over $200 ..... 4%

TOTAL AMOUNT DUE

☐ Check or Money Order Enclosed

☐ Bill Me

MAKE ALL CHECKS OR MONEY ORDERS Payable to **AAVIM** (American Association for Vocational Instructional Materials).

Form 7: Module Request Forms

This may be used by the learner when placing his/her module order to the Temple University bookstore. The carrying of Module Request Forms to the University bookstore and return of ordered modules is usually the duty of the Resource Person.

This form is also used to assist the Program Coordinator in keeping a well stocked inventory of modules.

The Module Request Form should be provided to the learner at registration. The completed form should be accompanied by a check for the correct amount made payable to Temple University bookstore. The learner's Social Security number must be on the check.

Module Request Form

Soc. Sec. No.	Student	School	Date

Module No.	Module Title	Unit Cost
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Total Cost =

Note: You will receive your module order approximately one week after you have paid for the modules invloved.

You must pay by check--made out to Temple University Book Store

Form 8: Individual Conference Form

The Individual Conference Form provides a standard format for recording certain things that you observe or feel about the learner. It should be completed with each individual learner while you are inspecting his/her up to date transcript. It provides not only a means for transcript verification, but also other information concerning the student, which could help the Field Resource Person who will serve him/her.

2-copy to FRP (attach pack of materials)

Individual Conference
Initial

S.S. No. Student Resource Person

1. According to the Records - Which course has this intern completed, which are incomplete? (Cross off finished, circle incomplete)

   IE101 IE102 IE107 IE108 IE303 IE203

2. According to the Records - How many modules has this intern completed?
   ( )

3. Is there a problem in area 1 or 2 above? What is it?

4. Describe the intern's reaction to having to audit courses if incompleted?

5. Describe the intern's reaction to having to pay for the modules used?

6. Record and other information concerning this intern that could help the FRP who will serve him/her.

Form 9: Registration Cover Sheet

The Registration Cover Sheet provides a complete list of students whom you have registered for C.B.T.E. coursework. It should be completed after you have registered all individuals. This form is filled out in triplicate. One copy goes to the Program Coordinator, one is attached to the registration materials that have been collected, and you retain one copy for your records.

Registration Cover Sheet

3 copies
1. To Registrar
2. To coordinator
3. You retain

Field Staff Member_____ Semester/Year_____

	Soc. Sec. No.	Student Name	School	CR. 203	Audit 101	Audit 102	CR. 204	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

NOTE: Place a check (*) before the name of each student in conventional program student teaching

Activity The following demographic information describes a learner and his situation. This information is followed by registration forms. Read the information and complete the registration forms for the learner described. You may find it helpful to refer to the information sheet, Registration Materials, pp. 18-46.

Demographic Information of a Learner

On September third, Jeffrey R. Farley, a first year welding instructor at Eastern Vocational Technical School wishes to register for Program Vital. Jeff wishes to register as a nonmatriculating student, seeking a certificate.

Social security number: 185-42-9087

Birth Date: September 22, 1950 in Scranton, PA.

Marital Status: Married

Ethnic Background: Black

Address: 2801 Forge Place
Buckingham, PA 18901 (Bucks County)

Telephone Number: 215-795-5954

Education: Lackawanna Trail High School, Factoryville, PA 18446 - from August, 1962 to June, 1968. Mansfield State College, Mansfield PA 18776 - from August, 1968 to June 1970. Temple University, Philadelphia, PA 19122 from June, 1979 to August, 1979.

APPLICATION TO PROGRAM VITAL

I, the undersigned, have read this application form and understand the conditions for acceptance, continuation, and completion of requirements in Program VITAL and wish to be included among those served:

_____

Signed

_____

Date

PROGRAM VITAL

Program VITAL is a vocational teacher education program designed for beginning vocational teachers (interns). They are helped to develop selected teaching skills by field resource persons from Temple University and resident resource persons from their schools. Assistance is provided at the schools in which they teach rather than at Temple University or a University Center. Each intern's program is tailor-made to his or her professional needs and each is helped to accept responsibility for progress toward teaching competence.

A new teacher can earn fifteen semester hours of credit in vocational professional education through Program VITAL and, upon successful completion of program requirements, a speech test and a three semester hour course in general education, he or she becomes eligible for Provisional Certification (Vocational I).

THE CONDITIONS

There are a number of conditions for acceptance and continuation in Program VITAL. They are as follows:

To be accepted into the program a candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania
b. Notify his or her local director of enrollement in the program.
c. Have applied for matriculation with Temple University (if no Bachelors Degree already earned).
d. Qualify for an intern teaching certificate
   1) Be a high school graduate or hold a GED diploma
   2) Complete an application to the certificate program at Temple University

TEMPLE UNIVERSITY

STUDENT ACADEMIC DATA MAINTENANCE FORM

1 ☐☐☐ ☐☐ ☐☐☐☐ 9

SOCIAL SECURITY NO.

STUDENT'S FULL NAME

10 2 0

12 ☐

ENTER:
U-UNDERGRADUATE
G-GRADUATE
P-PROFESSIONAL

13 ☐☐☐

CURRENT DEGREE SOUGHT

16 ☐☐☐

CONCURRENT DEGREE SOUGHT

19 ☐☐☐☐☐☐

CURRENT CURRICULUM

25 ☐☐☐☐☐☐

CONCURRENT CURRICULUM

31 ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ 46 ☐☐☐ ☐☐ ☐☐☐☐

ADVISOR'S LAST NAME

ADVISOR'S SOCIAL SECURITY NO.

55 0 1 9

STUDENT'S COLLEGE CODE

58 ☐☐☐☐☐☐☐☐

SPECIAL DESIGNATIONS

66 ☐

REASON FOR WITHDRAWAL

68 ☐☐☐☐

EFFECTIVE SEM

72 ☐☐☐☐☐☐

WITHDRAWAL DATE

78 ☐

ADMISSIONS CLASS

10 3 8

15 ☐☐☐☐ 18

TRANSFER HOURS

23 ☐☐☐☐

TRANSFER HOURS UNACCEPTABLE TO TEMPLE

27 ☐

FULL TIME/PART TIME INDICATOR

28 ☐☐☐☐

EFFECTIVE SEMESTER FOR FULL TIME/PART TIME STATUS

32 ☐☐☐☐

ANTICIPATED GRADUATION DATE

10 3 5

72 ☐

CLASS CODE

77 ☐

SOURCE AND AUTHORIZATION

53

DATE

TEMPLE UNIVERSITY

OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

REGISTRATION & ENROLLMENT OFFICE

	PRINT STUDENTS NAME LAST	FIRST	I.	DATE	SOC. SEC. NUMBER	REMARKS
1					— —	
2					— —	
3					— —	
4					— —	
5					— —	
6					— —	
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8					— —	
9					— —	
10					— —	
11					— —	
12					— —	
13					— —	
14					— —	
15					— —	
16					— —	
17					— —	
18					— —	

SEMESTER
[ ] FALL
[ ] SPRING
[ ] 1 S.S.
[ ] 2 S.S.
[ ] 3 S.S.

YEAR 19___

TEMPLE UNIVERSITY

of the Commonwealth System of Higher Education
PHILADELPHIA, PENNSYLVANIA 19122

STUDENT STATISTICAL RECORD

(COMPLETING THIS FORM DOES NOT MAKE THE APPLICANT A DEGREE CANDIDATE)

SOCIAL SECURITY NO. [ ][ ][ ] [ ][ ] [ ][ ][ ][ ] (1)

HAVE YOU ATTENDED TEMPLE BEFORE? YES [ ] NO [ ]

[1][0] (10) [ ] (12) IF YOU HAVE ATTENDED TEMPLE UNIVERSITY IN THE LAST TWO YEARS, ENTER 'Y' IN THE BLOCK TO THE LEFT. OTHERWISE ENTER 'N'.

LAST NAME (13) FIRST NAME (26) M.I. (36) MIDDLE OR MAIDEN NAME

DATE OF BIRTH Mo. Day Yr. (37)

SEX (43) 1 - Male 2 - Female

MARITAL STATUS (44) 1 - Single 2 - Married

ARE YOU SEEKING GRADUATE CREDIT FOR THE COURSES YOU PLAN TO TAKE WHILE ATTENDING TEMPLE? [ ] YES [ ] NO

[ ] (45) CERTIFICATION STUDENTS ONLY: ONLY STUDENTS SEEKING TEACHER CERTIFICATION ARE TO COMPLETE THE BLOCK NUMBERED "45". IF YOU ARE SEEKING PERMANENT TEACHER CERTIFICATION ENTER "67." OTHERWISE ENTER "32."

COLLEGE [ ][ ][ ] (47) NON-MATRICULATING STUDENTS COMPLETING THIS FORM ARE TO CODE COLLEGE NUMBER 072.

OFFICIAL USE ONLY
[ ] (57) R - RES N - NR

ETHNIC BACKGROUND
1 - American Indian or Alaskan Native
2 - Black, not of Hispanic Origin
3 - Asian or Pacific Islander
4 - Hispanic
5 - White, not of Hispanic Origin
7 - Other [ ] (72)

ENTER 3 POS. COLLEGE CODE IN THE BLOCKS ABOVE.

COLLEGE/SCHOOL			
ADMIN. OF JUSTICE	006	EDUCATION	019
ALLIED HEALTH	049	ENGINEERING TECH.	091
AMBLER	057	H P E R D	020
BUREAU OF BUS. & GOVT. SERV.	090	LAW	003
BUSINESS	015	LIBERAL ARTS	018
COMM. & THEATER	017	MEDICAL	011
CONTINUING ED	072	MUSIC	022
DENTAL	001	PHARMACY	012
DENTAL HYGIENE	004	SOC. ADMINISTRATION	054
		TYLER ART	026

STUDENT NUMBER [ ][ ][ ][ ][ ][ ] (50)

ENTER YOUR STUDENT NO. IN THE BOXES ABOVE

OFFICIAL USE ONLY
FOR READMISSION ONLY
(56) [ ] Cert.
(58) [ ] Matric.
(59) [ ] Class (6,8,9)
(60) [ ][ ][ ][ ][ ][ ] Curric.
(66) [ ][ ][ ][ ] Antic Grad. (MMYY)
(73) [ ][ ][ ] Degree
(79) [ ] Reg. Status

HIGH SCHOOL(S) ATTENDED

NAME OF SCHOOL	CITY AND STATE	MO/YR OF GRAD.	ATTENDED FROM - TO -

COLLEGES OR UNIVERSITIES ATTENDED
INCLUDE ANY CAMPUS OR OFF-CAMPUS DIVISION OF TEMPLE UNIVERSITY

NAME OF INSTITUTION	LOCATION	DATES ATTENDED	DEGREES EARNED

[1][6][1] (10) PRINT YOUR HOUSE NUMBER AND STREET NAME HERE (13)

PRINT NAME OF CITY AND STATE (37) *STATE CODE (53) ZIP CODE (56)

[1][7][1] (10) PRINT APARTMENT NAME AND NUMBER HERE, IF ANY (13)

*ENTER STANDARD U.S. POST OFFICE STATE CODES: PA, NJ, NY, DE, ETC.

TELEPHONE NUMBER (61) Area Exchange Number

COUNTY CODE (71)

STATEMENT OF RESIDENCE FOR ALL APPLICANTS

f and country of your citizenship: _____

In what state and country do you claim legal residence? STATE _____ COUNTY _____
(TEMPLE UNIVERSITY RESERVES THE RIGHT TO REQUEST DOCUMENTARY EVIDENCE IN SUPPORT OF YOUR CLAIM OR RESIDENCE.)

If you claim Pennsylvania residence will you have resided in Pennsylvania for twelve consecutive months preceding your entry into Temple University? ___ Yes ___ N

Have you been a student during the past twelve months? ___ NO ___ YES If YES, where? _____

I am now and have been since _____ 19___ a legal resident of the state of _____

Address _____ City _____

State _____ Zip Code _____

Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made on this form are correct and complete.

Signature of Applicant (Required) _____ Date _____

IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER)

DATE

CHARGES OR CREDITS PROCESSED AFTER ABOVE DATE WILL BE RECORDED ON YOUR NEXT STATEMENT

YOU ARE SCHEDULED FOR THE FOLLOWING COURSES

DEPT. NAME	DEPT. NO.	COURSE	SECTION	HOURS	CL	DAYS	TIME	LOCATION

SCHOOL/COLLEGE YEAR TOTAL CREDIT HOURS → SEMESTER

DATE	DESCRIPTION	CHARGE	CREDIT

No. 73661

REGISTRAR

ALL INVOICES MUST BE PROCESSED THROUGH THE CASH REGISTER TO COMPLETE REGISTRATION

PAY THIS AMOUNT →

CAMPUS | DAY/EVE. | NO.

READ INSTRUCTIONS ON BACK OF YELLOW COPY

STUDENT COPY
TEMPLE UNIVERSITY-OFFICE OF REGISTRATION & ENROLLMENT

SOCIAL SECURITY NUMBER | LAST NAME | FIRST NAME | MI

☐ FALL
☐ SPRING 19____
☐ 1ST SUMMER
☐ 2ND SUMMER
☐ 3RD SUMMER

DEPARTMENT NAME	DEPARTMENT NUMBER	COURSE NUMBER	L/R	SECTION NUMBER	CREDIT Hours	CREDIT U or G	TIME OF DAY	M	T	W	Th	F	S	BLDG	ROOM

PERMANENT ADDRESS
NOTE: IF YOUR ADDRESS HAS CHANGED, YOU MUST ALSO COMPLETE A STUDENT ADDRESS FORM
TELEPHONE NUMBER

☐ UNDG CREDIT
☐ GRAD CREDIT
COLLEGE SCHOOL

STUDENT SIGNATURE

ADVISOR SIGNATURE

ADVISOR'S DEPT | DATE

STUDENT: KEEP TOP COPY FOR YOUR PERSONAL ROSTER

CREDIT HOUR TOTALS: UNDG HRS + GRAD HRS = TOTAL

CS1-MARC 8/76

COURSE SELECTION FORM

EXTENSION SERVICES STATISTICAL RECORD

(Last Name) (First) M.I. Soc. Sec. #

Street Address City State Zip

Student Number College ( ) Day Phone ( ) Evening Phone

Sem.	Yr.
Fall	19
Sprg	19
1 SS	19
2 SS	19
3 SS	19

DPT. NAME	CRS #	SEC.	TITLE	CR.	G/U	LOCATION

DATE: _____ PLEASE FILL OUT REVERSE SIDE

DEPARTMENT NAME | DEPARTMENT NO. | COURSE NO. | SECT. NO. | CREDIT HRS. | BUILD ROOM | S M T W T F S | START TIME | AM PM | END TIME | SEM | YR | CD CAR

CLASS CARD

FILL IN:

LAST NAME FIRST NAME INITIAL

SOCIAL SECURITY NUMBER

VARIABLE CREDIT COURSE

NOTE: IF A '2' APPEARS IN THE UPPER RIGHT HAND CORNER OF THIS CARD, CHECK THE SCHEDULE OF CLASSES FOR ADDITIONAL CLASS TIMES.

NUMBER OF CREDIT HOURS

DOF-1730478

Registration Cover Sheet

3 copies
1. To Registrar
2. To coordinator
3. You retain

Field Staff Member_____ Semester/Year_____

	Soc. Sec. No.	Student Name	School	CR. 203	Audit 101	Audit 102	CR. 204	Total
1								
2								
3								
4								
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17								
18								
19								
20								
21								
22								
23								
24								

59

MODULE COMPLETION

1978 - 1979

LEARNER NAME: _____ (filled out by FRP)

☐ VITAL ☐ MASTERY ☐ STUDENT TEACHING ☐ VITAL/MASTERY COMBINED

This list of modules completed during the 1978-1979 academic year is used to validate learner responses on their program evaluation. Learners must have this in hand when responding to evaluation instrument.

VITAL - Check completed modules '78-'79

B01 _____	B06 _____	C08 _____	C13 _____	C22 _____	E05 _____
B02 _____	C02 _____	C09 _____	C15 _____	C23 _____	E08 _____
B03 _____	C04 _____	C10 _____	C16 _____	C29 _____	E09 _____
B04 _____	C06 _____	C11 _____	C17 _____	D01 _____	G07 _____
B05 _____	C07 _____	C12 _____	C21 _____	D05 _____	I03 _____

MASTERY - Check completed modules '78 - '79

A06 _____	C05 _____	C25 _____	E02 _____	F04 _____
A07 _____	C14 _____	C27 _____	E04 _____	F05 _____
A08 _____	C18 _____	D04 _____	E07 _____	
C03 _____	C24 _____	E01 _____	F03 _____	

OTHERS - Add, if any

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Feedback Compare your completed registration forms with the Model Registration Forms given below. Your completed forms should exactly duplicate the model forms.

MODEL FORMS (on following page)

APPLICATION TO PROGRAM VITAL

I, the undersigned, have read this application form and understand the conditions for acceptance, continuation, and completion of requirements in Program VITAL and wish to be included among those served:

Signed Jeffrey R. Farley

Date September 3, 1979

PROGRAM VITAL

Program VITAL is a vocational teacher education program designed for beginning vocational teachers (interns). They are helped to develop selected teaching skills by field resource persons from Temple University and resident resource persons from their schools. Assistance is provided at the schools in which they teach rather than at Temple University or a University Center. Each intern's program is tailor-made to his or her professional needs and each is helped to accept responsibility for progress toward teaching competence.

A new teacher can earn fifteen semester hours of credit in vocational professional education through Program VITAL and, upon successful completion of program requirements, a speech test and a three semester hour course in general education, he or she becomes eligible for Provisional Certification (Vocational I).

THE CONDITIONS

There are a number of conditions for acceptance and continuation in Program VITAL. They are as follows:

To be accepted into the program a candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania
b. Notify his or her local director of enrollement in the program.
c. Have applied for matriculation with Temple University (if no Bachelors Degree already earned).
d. Qualify for an intern teaching certificate
   1) Be a high school graduate or hold a GED diploma
   2) Complete an application to the certificate program at Temple University

TEMPLE UNIVERSITY

STUDENT ACADEMIC DATA MAINTENANCE FORM

1 9

1 8 5 4 2 9 0 8 7

SOCIAL SECURITY NO.

Jeffrey R. Farley

STUDENT'S FULL NAME

10 2 0

12

ENTER:
U- UNDERGRADUATE
G- GRADUATE
P- PROFESSIONAL

13

CURRENT DEGREE SOUGHT

16

CONCURRENT DEGREE SOUGHT

19 0 1 9 2 4 0

CURRENT CURRICULUM

25

CONCURRENT CURRICULUM

31

ADVISOR'S LAST NAME

46

ADVISOR'S SOCIAL SECURITY NO.

55 0 1 9

STUDENT'S COLLEGE CODE

58

SPECIAL DESIGNATIONS

66

REASON FOR WITHDRAWAL

68

EFFECTIVE SEM

72

WITHDRAWAL DATE

78

ADMISSIONS CLASS

10 3 8

15 18

TRANSFER HOURS

23

TRANSFER HOURS UNACCEPTABLE TO TEMPLE

27

FULL TIME/PART TIME INDICATOR

28

EFFECTIVE SEMESTER FOR FULL TIME/PART TIME STATUS

32

ANTICIPATED GRADUATION DATE

10 3 5

72

CLASS CODE

77 C

(Your Name)

SOURCE AND AUTHORIZATION

9/3/79

DATE

REG FORM 755

TEMPLE UNIVERSITY

OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

REGISTRATION & ENROLLMENT OFFICE

	PRINT STUDENTS NAME LAST	FIRST	I.	DATE	SOC. SEC. NUMBER	REMARKS
1	Farley,	Jeffrey	R	9/3/7[illegible]	185 - 42 - 9087	
2					- -	
3					- -	
4					- -	
5					- -	
6					- -	
7					- -	
8					- -	
9					- -	
10					- -	
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13					- -	
14					- -	
15					- -	
16					- -	
17					- -	
18					- -	
19					- -	

SEMESTER
☒ FALL
☐ SPRING
☐ 1 S.S.
☐ 2 S.S.
☐ 3 S.S.

YEAR 19 79

TEMPLE UNIVERSITY

of the Commonwealth System of Higher Education
PHILADELPHIA, PENNSYLVANIA 19122

STUDENT STATISTICAL RECORD

(COMPLETING THIS FORM DOES NOT MAKE THE APPLICANT A DEGREE CANDIDATE)

SOCIAL SECURITY NO. (1) 185 42 9087

HAVE YOU ATTENDED TEMPLE BEFORE? YES [X] NO [ ]

10 | 12 [Y] IF YOU HAVE ATTENDED TEMPLE UNIVERSITY IN THE LAST TWO YEARS, ENTER 'Y' IN THE BLOCK TO THE LEFT. OTHERWISE ENTER 'N'.

LAST NAME (13) FARLEY | FIRST NAME (26) JEFFREY | M.I. (36) R | MIDDLE OR MAIDEN NAME

DATE OF BIRTH (37) Mo. 09 Day 22 Yr. 50

SEX (43) 1 | 1 - Male 2 - Female

MARITAL STATUS (44) 2 | 1 - Single 2 - Married

ARE YOU SEEKING GRADUATE CREDIT FOR THE COURSES YOU PLAN TO TAKE WHILE ATTENDING TEMPLE? ☐ YES ☐ NO

45 | 32 CERTIFICATION STUDENTS ONLY: ONLY STUDENTS SEEKING TEACHER CERTIFICATION ARE TO COMPLETE THE BLOCK NUMBERED "45". IF YOU ARE SEEKING PERMANENT TEACHER CERTIFICATION ENTER "67." OTHERWISE ENTER "32."

COLLEGE (47) 072 NON-MATRICULATING STUDENTS COMPLETING THIS FORM ARE TO CODE COLLEGE NUMBER 072.

OFFICIAL USE ONLY
☐ R - RES
N - NR (57)

Has one but didn't Know it.

STUDENT NUMBER (50)

ENTER YOUR STUDENT NO. IN THE BOXES ABOVE

ETHNIC BACKGROUND
1 - American Indian or Alaskan Native
2 - Black, not of Hispanic Origin
3 - Asian or Pacific Islander
4 - Hispanic
5 - White, not of Hispanic Origin
7 - Other
(72) 2

ENTER 3 POS. COLLEGE CODE IN THE BLOCKS ABOVE.

COLLEGE/SCHOOL			
ADMIN. OF JUSTICE	006	EDUCATION	019
ALLIED HEALTH	049	ENGINEERING TECH.	091
AMBLER	057	H P E R D	020
BUREAU OF BUS. & GOVT. SERV.	090	LAW	003
BUSINESS	015	LIBERAL ARTS	018
COMM. & THEATER	017	MEDICAL	011
CONTINUING ED	072	MUSIC	022
DENTAL	001	PHARMACY	012
DENTAL HYGIENE	004	SOC. ADMINISTRATION	054
		TYLER ART	026

OFFICIAL USE ONLY FOR READMISSION ONLY
(56) ☐ Cert.
(58) ☐ Matric.
(59) ☐ Class (6,8,9)
(60) ☐☐☐☐☐☐ Curric.
(66) ☐☐☐☐ Antic Grad. (MMYY)
(73) ☐☐☐ Degree
(79) ☐ Reg. Status

HIGH SCHOOL(S) ATTENDED

NAME OF SCHOOL	CITY AND STATE	MO/YR OF GRAD.	ATTENDED FROM - TO -
Lackawanna Trail	Factoryville, PA.	6/68	8/62 - 6/68

COLLEGES OR UNIVERSITIES ATTENDED
INCLUDE ANY CAMPUS OR OFF-CAMPUS DIVISION OF TEMPLE UNIVERSITY

NAME OF INSTITUTION	LOCATION	DATES ATTENDED	DEGREES EARNED
Mansfield State College	Mansfield, PA.	8/68 - 6/70	None
Temple Univ.	Phila. PA.	6/79 - 8/79	None

(10) 161 PRINT YOUR HOUSE NUMBER AND STREET NAME HERE (13) 2801 FORGE PLACE

PRINT NAME OF CITY AND STATE (37) BUCKINGHAM | *STATE CODE (53) PA | ZIP CODE (56) 18901

(10) 171 PRINT APARTMENT NAME AND NUMBER HERE, IF ANY (13)

*ENTER STANDARD U.S. POST OFFICE STATE CODES: PA, NJ, NY, DE, ETC.

TELEPHONE NUMBER (61) Area 215 Exchange 795 Number 5954

COUNTY CODE (71)

STATEMENT OF RESIDENCE FOR ALL APPLICANTS

Name and country of your citizenship: USA.

In what state and country do you claim legal residence? STATE PA. COUNTY BUCKS
(TEMPLE UNIVERSITY RESERVES THE RIGHT TO REQUEST DOCUMENTARY EVIDENCE IN SUPPORT OF YOUR CLAIM OR RESIDENCE.)

If you claim Pennsylvania residence will you have resided in Pennsylvania for twelve consecutive months preceding your entry into Temple University? ☒ Yes ☐ No

Have you been a student during the past twelve months? NO ☒ YES If YES, where? Temple

I am now and have been since 9 19 80 a legal resident of the state of PA.

Address 2801 Forge Pl City Buckingham

State PA. Zip Code 18901

Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made on this form are correct and complete.

Signature of Applicant (Required) Jeffrey R. Farley Date 9/3/79

REG. FORM 202 REV. 7/78

55

185-42-9087 | 9/3/79

IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER) | DATE

CHARGES OR CREDITS PROCESSED AFTER ABOVE DATE WILL BE RECORDED ON YOUR NEXT STATEMENT

Jeffrey R Forley
2801 Forge Place
Buckingham, PA. 18901

YOU ARE SCHEDULED FOR THE FOLLOWING COURSES.

DEPT. NAME	DEPT. NO.	COURSE	SECTION	HOURS	CL	DAYS	TIME	LOCATION
IE	01924	203	301	6	U	Mon → Fri		E. V. Tech.

SCHOOL/COLLEGE: Educ | YEAR: 79 | TOTAL CREDIT HOURS →: 6 | SEMESTER: Fall

X X X

DATE	DESCRIPTION	CHARGE	CREDIT

No. 73660

DATE DUE | ALL INVOICES MUST BE PROCESSED THROUGH THE CASH REGISTER TO COMPLETE REGISTRATION | PAY THIS AMOUNT → | CAMPUS | DAY/EVE | NO.

READ INSTRUCTIONS ON BACK OF YELLOW COPY

62 50

185-42-9087 (SOCIAL SECURITY NUMBER) Farley (LAST NAME) Jeffrey (FIRST NAME) R (M.I.)

☒ FALL ☐ SPRING ☐ 1ST SUMMER ☐ 2ND SUMMER ☐ 3RD SUMMER 19 79

STUDENT COPY
TEMPLE UNIVERSITY—OFFICE OF REGISTRATION & ENROLLMENT

DEPARTMENT NAME	DEPARTMENT NUMBER	COURSE NUMBER	L/R	SECTION NUMBER	CREDIT Hours	CREDIT U or G	TIME OF DAY	M	T	W	Th	F	S	BLDG	ROOM
IE	01924	203		301	6	U	VITAL →							E. Vo Tech.	

TEMPLE UNIVERSITY ... Of The Commonwealth System Of Higher Education

STUDENT: KEEP TOP COPY FOR YOUR PERSONAL ROSTER

CREDIT HOUR TOTALS: 6 (UNDG HRS) + 0 (GRAD HRS) - 6 (TOTAL)

CS1-MARC 6/78

2801 Forge Pl
Buckingham, PA.
18901
PERMANENT ADDRESS

NOTE IF YOUR ADDRESS HAS CHANGED, YOU MUST ALSO COMPLETE A STUDENT ADDRESS FORM.

TELEPHONE NUMBER: 215-795-5954

☑ UNDG. CREDIT ☐ GRAD. CREDIT

Educ
COLLEGE/SCHOOL

Jeffrey R Farley
STUDENT SIGNATURE

(Your Name)
ADVISOR SIGNATURE

Voc. Ed.
ADVISOR'S DEPT

9/3/79
DATE

COURSE SELECTION FORM

EXTENSION SERVICES STATISTICAL RECORD

Farley (Last Name)	Jeffrey (First)	R M.I.	185-42-9087 Soc. Sec. #

2801 Forge Pl.	Buckingham	PA.	18901
Street Address	City	State	Zip

Has One	Educ.	( )	(215) 787-6015
Student Number	College	Day Phone	Evening Phone

	Sem.	Yr.
✓	Fall	19 79
	Sprg	19
	1 SS	19
	2 SS	19
	3 SS	19

DPT. NAME	CRS #	SEC.	TITLE	CR.	G/U	LOCATION
IE	203	301	Pedagogical Conv.	6	U	E. Vo Tech.

DATE: 9/13/79 PLEASE FILL OUT REVERSE SIDE

DEPARTMENT NAME | DEPARTMENT NO | COURSE NO | SECT NO | CREDIT HRS | BUILD ROOM | S M T W T F S | START TIME | AM PM | END TIME | SEM | YR | CD LAB

CLASS CARD

FILL IN:

Farley (LAST NAME) Jeffrey (FIRST NAME) R (INITIAL)

185 42 9087
SOCIAL SECURITY NUMBER

DOP-17354M

VARIABLE CREDIT COURSE

NOTE: IF A '2' APPEARS IN THE UPPER RIGHT HAND CORNER OF THIS CARD, CHECK THE SCHEDULE OF CLASSES FOR ADDITIONAL CLASS TIMES.

006
NUMBER OF CREDIT HOURS

Registration Cover Sheet

3 copies
1. To Registrar
2. To coordinator
3. You retain

Field Staff Member _____ Semester/Year _____

	Soc. Sec. No.	Student Name	School	CR. 203	Audit 101	Audit 102	CR. 204	Total
1	185-42-9087	Farley, J.	E. VoTech	6				222.0
2								
3								
4								
5								
6								
7								
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17								
18								
19								
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21								
22								
23								
24								

58

MODULE COMPLETION

1978 - 1979

LEARNER NAME: Jeffrey Farley (filled out by FRP)

☒ VITAL ☐ MASTERY ☐ STUDENT TEACHING ☐ VITAL/MASTERY COMBINED

This list of modules completed during the 1978-1979 academic year is used to validate learner responses on their program evaluation. Learners must have this in hand when responding to evaluation instrument.

VITAL - Check completed modules '78-'79

B01 ____	B06 ____	C08 ____	C13 ____	C22 ____	E05 ____
B02 ____	C02 ____	C09 ____	C15 ____	C23 ____	E08 ____
B03 ____	C04 ____	C10 ____	C16 ____	C29 ____	E09 ____
B04 ____	C06 ____	C11 ____	C17 ____	D01 ____	G07 ____
B05 ____	C07 ____	C12 ____	C21 ____	D05 ____	I07 ____

MASTERY - Check completed modules '78 - '79

A06 ____	C05 ____	C25 ____	E02 ____	F04 ____
A07 ____	C14 ____	C27 ____	E04 ____	F05 ____
A08 ____	C18 ____	D04 ____	E07 ____	
C03 ____	C24 ____	E01 ____	F03 ____	

OTHERS - Add, if any

____	____	____	____	____	____
____	____	____	____	____	____
____	____	____	____	____	____

LEVEL OF PERFORMANCE

Your completed registration forms should exactly duplicate the Model Forms. If you missed some points or have questions concerning the completion of the forms, review the material in the information sheet, Registration Materials, pp. 18-46, or check with your Resource Person.

LEARNING EXPERIENCE III

Enabling Objective Given two case studies, critique the Resource Person's ability to register learners in C.B.T.E. programs.

Activity You will be reading the Case Study, pp. 68-69, and writing a critique of the performance of the Resource Person described.

Feedback You will be evaluating your competency in critiquing the Resource Person's performance by comparing your completed critique with the Model Critique, p. 71.

Activity You will be reading the Case Study, pp. 72-77, and assessing the Resource Person's ability to evaluate a learner's completed registration forms by listing any mistakes that the Resource Person may have overlooked when making a final check of these forms.

Feedback You will be evaluating your competency in assessing a Resource Person's ability to evaluate completed registration forms by comparing your list of mistakes with the Model List, p. 78.

Optional Activity You may wish to continue your skill development by arranging, with your Resource Person, a time for you to observe him/her conducting the registration process.

Activity The following Case Study describes a Resource Person conducting the registration process. Read the case study and critique the Resource Person's performance, in writing.

CASE STUDY

Henry Jones, a Resource Person, received his registration assignment at the initial business meeting of the school year. The following day, Henry telephoned a head administrator from each of his assigned schools. Each administrator agreed to meet with Henry within the next few days.

Henry met with each in order to introduce himself, identify a central location for registration, and answer any questions concerning program operation.

Once a good location and time was decided upon, Henry forwarded the following memorandum to each administrator, asking that they make it known to all teachers.

M E M O R A N D U M

To: All interested Registrants
From: Henry Jones - Field Resource Person
Date: August 30, 1979
RE: Fall Registration for Industrial Education CBTE programs.

Registration will be held at North Vocational Technical School on September 3rd, at 4:00 PM, in the school cafeteria.

Anyone wishing additional information is asked to contact:

Henry Jones at 215-634-2781 between 8:00 AM and 4:00 PM.

On September 3rd, Henry arrived at the registration site at 2:00 PM, with an ample supply of all registration materials. After sorting and organizing all materials, he reviewed his registration plan once more.

At 4:00 PM, learners were filtering in. As they entered, Henry asked new registrants to be seated in a specific area.

Assured that all potential registrants were present Henry called the session to order. After explaining what was to be accomplished and how, Henry proceeded to follow his plan, providing new learners with Program Applications and Data Maintenance Forms, to be completed.

Off Campus Registration Packets were then issued to all registrants. Henry instructed the learners to proceed through this packet individually.

As learners completed their packets, they presented them to Henry for a final check. Henry then followed up by:

1. completing Class Cards and placing them in the packet.
2. updating Module Completion Forms.
3. completing Individual Conference Forms.
4. verifying learner's transcripts.
5. providing learners with Module Order and Availability Forms and Module Request Forms.

Once learners had completed these steps they were dismissed. When all had finished, Henry completed a Registration Cover Sheet, collected all materials, and left.

The next day, Henry organized all of his completed registration materials and returned them to the correct university officials.

Critique, in writing, Henry's performance in conducting the three phases of the Registration Process.

The following page is provided for your critique.

Your Critique

Feedback Compare your completed written critique of the Case Study with the Model Critique given below. Your response need not exactly duplicate the model response; however, you should have covered the same major points.

Model Critique

Preregistration Phase

Henry got off to a terrific start by meeting personally with administrators from each assigned school. This indicates a very humane professionalism, on Henry's part, essential to overall program operation.

Henry's memorandum however, left him open for a lot of problems come registration day. It was incomplete, failing to point out the necessary specifics that a learner would need to know in order to register efficiently.

Registration Phase

For the most part, Henry performed well throughout this phase of the registration process. His plan appeared to be well laid out and he appeared to present it well. However, Henry did leave himself open for additional problems by allowing the learners to complete the Off Campus Registration Packets individually. In the long run, Henry could have saved time and frustration, had he aided the learners in completing each form in the packet as a group.

Postregistration Phase

Henry's performance appeared competent throughout this phase of the registration process.

Activity

The following Case Study provides you with a situation in which a Resource Person conducted registration and accepted a learner's registration forms as being complete. Read the Case Study and assess the Resource Person's ability to correctly check a learner's registration packet. You will be listing any mistakes that the Resource Person may have overlooked while checking the learner's completed forms.

CASE STUDY

Joe P. Walsh was one of the learners that Henry Jones registered. Joe, a fifth year food preparation instructor, is working on his permanent certification and registered for Program Mastery. He is matriculated.

Last semester, Joe also registered for six credits of Program Mastery but failed to complete the requirements, therefore receiving an incomplete.

Following is Joe's completed off campus Registration Packet which has been checked by Henry and returned to the university for processing.

Assess Henry's ability to evaluate a learner's completed registration forms by listing any mistakes that Henry has overlooked. Provide a brief explanation for each item on your list.

TEMPLE UNIVERSITY

OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

REGISTRATION & ENROLLMENT OFFICE

	PRINT STUDENTS NAME LAST	FIRST	I.	DATE	SOC. SEC. NUMBER	REMARKS
1	Walsh,	Joseph	P	9/3/74	670 23 4571	
2					— —	
3					— —	
4					— —	
5					— —	
6					— —	
7					— —	
8					— —	
9					— —	
10					— —	
11					— —	
12					— —	
13					— —	
14					— —	
15					— —	
16					— —	
17					— —	
18					— —	

SEMESTER
[X] FALL
[ ] SPRING
[ ] 1 S.S.
[ ] 2 S.S.
[ ] 3 S.S.

YEAR 1979

TEMPLE UNIVERSITY

of the Commonwealth System of Higher Education
PHILADELPHIA, PENNSYLVANIA 19122

STUDENT STATISTICAL RECORD

(COMPLETING THIS FORM DOES NOT MAKE THE APPLICANT A DEGREE CANDIDATE)

SOCIAL SECURITY NO. (1) 670 23 4571

HAVE YOU ATTENDED TEMPLE BEFORE? YES [X] NO [ ]

(10) 10 (12) Y IF YOU HAVE ATTENDED TEMPLE UNIVERSITY IN THE LAST TWO YEARS, ENTER 'Y' IN THE BLOCK TO THE LEFT. OTHERWISE ENTER 'N'.

LAST NAME (13) WALSH

FIRST NAME (26) JOSEPH

M.I. (36) P

MIDDLE OR MAIDEN NAME

DATE OF BIRTH (37) Mo. 10 Day 05 Yr. 42

SEX (43) 1 - Male 2 - Female: 1

MARITAL STATUS (44) 1 - Single 2 - Married: 2

ARE YOU SEEKING GRADUATE CREDIT FOR THE COURSES YOU PLAN TO TAKE WHILE ATTENDING TEMPLE? [ ] YES [ ] NO

(45) 67 CERTIFICATION STUDENTS ONLY: ONLY STUDENTS SEEKING TEACHER CERTIFICATION ARE TO COMPLETE THE BLOCK NUMBERED "45". IF YOU ARE SEEKING PERMANENT TEACHER CERTIFICATION ENTER "67." OTHERWISE ENTER "32."

COLLEGE (47) 019 NON-MATRICULATING STUDENTS COMPLETING THIS FORM ARE TO CODE COLLEGE NUMBER 072.

ENTER 3 POS. COLLEGE CODE IN THE BLOCKS ABOVE.

COLLEGE/SCHOOL			
ADMIN. OF JUSTICE	006	EDUCATION	019
ALLIED HEALTH	049	ENGINEERING TECH.	091
AMBLER	057	H P E R D	020
BUREAU OF BUS. & GOVT. SERV.	090	LAW	003
BUSINESS	015	LIBERAL ARTS	018
COMM. & THEATER	017	MEDICAL	011
CONTINUING ED	072	MUSIC	022
DENTAL	001	PHARMACY	012
DENTAL HYGIENE	004	SOC. ADMINISTRATION	054
		TYLER ART	026

STUDENT NUMBER (50)

ENTER YOUR STUDENT NO. IN THE BOXES ABOVE

OFFICIAL USE ONLY (57) [ ] R - RES N - NR

ETHNIC BACKGROUND (72) 5
1 - American Indian or Alaskan Native
2 - Black, not of Hispanic Origin
3 - Asian or Pacific Islander
4 - Hispanic
5 - White, not of Hispanic Origin
7 - Other

OFFICIAL USE ONLY FOR READMISSION ONLY
(56) [ ] Cert.
(58) [ ] Matric.
(59) [ ] Class (6,8,9)
(60) [ ] Curric.
(66) [ ] Antic Grad. (MMYY)
(73) [ ] Degree
(79) [ ] Reg. Status

HIGH SCHOOL(S) ATTENDED

NAME OF SCHOOL	CITY AND STATE	MO/YR OF GRAD.	ATTENDED FROM - TO -
City Line H.S.	Phila. Pa.	6/61	8/59 - 6/61

COLLEGES OR UNIVERSITIES ATTENDED
INCLUDE ANY CAMPUS OR OFF-CAMPUS DIVISION OF TEMPLE UNIVERSITY

NAME OF INSTITUTION	LOCATION	DATES ATTENDED	DEGREES EARNED
Temple Univ.	Phila, Pa	8/74 - present	NONE

(10) 161 PRINT YOUR HOUSE NUMBER AND STREET NAME HERE (13) 1601 EAST 7TH

PRINT NAME OF CITY AND STATE (37) PHILADELPHIA

*STATE CODE (53) PA

ZIP CODE (56) 19122

(10) 171 PRINT APARTMENT NAME AND NUMBER HERE, IF ANY (11)

*ENTER STANDARD U.S. POST OFFICE STATE CODES: PA, NJ, NY, DE, ETC.

TELEPHONE NUMBER (61) Area 215 Exchange 637 Number 8010

COUNTY CODE (71) 66

STATEMENT OF RESIDENCE FOR ALL APPLICANTS

Name and country of your citizenship: U.S.A.

In what state and country do you claim legal residence? STATE PA. COUNTY Philadelphia
(TEMPLE UNIVERSITY RESERVES THE RIGHT TO REQUEST DOCUMENTARY EVIDENCE IN SUPPORT OF YOUR CLAIM OR RESIDENCE.)

If you claim Pennsylvania residence will you have resided in Pennsylvania for twelve consecutive months preceding your entry into Temple University? X YES ___ NO

Have you been a student during the past twelve months? ___ NO X YES If YES, where? Temple Univ.

I am now and have been since 10/5 19 42 a legal resident of the state of PA.

Address 1601 E. 7th St City Philadelphia

State PA. Zip Code 19122

Under penalty of forfeiting my eligibility to attend Temple University, I certify that the entries made on this form are correct and complete.

Signature of Applicant (Required) Joseph P Walsh 74.0 Date 9/3/79

670-23-4571
IDENTIFICATION NUMBER (SOCIAL SECURITY NO.)

9/3/79
DATE

CHARGES OR CREDITS PROCESSED AFTER ABOVE DATE WILL BE RECORDED ON YOUR NEXT STATEMENT

Joseph P. Walsh
E. 7th St.
Phila. PA. 19122

YOU ARE SCHEDULED FOR THE FOLLOWING COURSES

DEPT. NAME	DEPT. NO.	COURSE	SECTION	HOURS	CL	DAYS	TIME	LOCATION
IE	01967	204	301	6	4	M-F	West	Tech.

SCHOOL OR COLLEGE	YEAR	TOTAL CREDIT HOURS →		SEMESTER
Educ.	79	6		Fall

x x x

DATE	DESCRIPTION	CHARGE	CREDIT

No. 158678

PAY THIS AMOUNT →

READ INSTRUCTIONS ON BACK OF YELLOW COPY

670-23-4571 SOCIAL SECURITY NUMBER | WALSH LAST NAME | JOSEPH FIRST NAME | P M.I.

☒ FALL ☐ SPRING ☐ 1ST SUMMER ☐ 2ND SUMMER ☐ 3RD SUMMER 19 79

U

ENROLLMENT COPY
TEMPLE UNIVERSITY—OFFICE OF REGISTRATION & ENROLLMENT

DEPARTMENT NAME	DEPARTMENT NUMBER	COURSE NUMBER	L R	SECTION NUMBER	CREDIT Hours	U or G	TIME OF DAY	M	T	W	Th	F	S	BLDG	ROOM
IE	01967	204		301	6	U	MASTERY →								

CREDIT HOUR TOTALS: 6 UNDG. HRS + 0 GRAD. HRS - 6 TOTAL

CS1 MARC 6/76

E. 7th St
Phila. PA.
19122
PERMANENT ADDRESS

TELEPHONE NUMBER: 215-637-8010

☒ UNDG. CREDIT ☐ GRAD. CREDIT Educ. COLLEGE/SCHOOL

Joseph P. Walsh
STUDENT SIGNATURE

Henry Jarus
ADVISOR SIGNATURE

Voc. Ed. ADVISOR'S DEPT. 9/3/79 DATE

COURSE SELECTION FORM

EXTENSION SERVICES STATISTICAL RECORD

WALSH (Last Name)	JOSEPH (First)	P M.I.	670-23-4571 Soc. Sec. #

East 7th Street Address	Phila. City	PA. State	19122 Zip

Student Number | Educatim College | (215) 787-6015 Day Phone | ( ) Evening Phone

Sem.	Yr.
Y Fall	19 79
Sprg	19
1 SS	19
2 SS	19
3 SS	19

DPT. NAME	CRS #	SEC.	TITLE	CR.	G/U	LOCATION
IE	204	301	Pedagogical Comp.	6	U	West Tech

DATE: 9/2/79 PLEASE FILL OUT REVERSE SIDE

DEPARTMENT NAME	DEPARTMENT NO.	COURSE NO.	SECT. NO.	CREDIT HRS	BUILD ROOM	S M T W T F S	START TIME	AM PM	END TIME	SEM	YR	Course
IIED ED	01924	204	311	VHF								

CLASS CARD

FILL IN:

WALSH LAST NAME | Joseph FIRST NAME | P INITIAL

NOTE: IF A '2' APPEARS IN THE UPPER RIGHT HAND CORNER OF THIS CARD, CHECK THE SCHEDULE OF CLASSES FOR ADDITIONAL CLASS TIMES.

6	7	0		2	3		4	5	7	1

SOCIAL SECURITY NUMBER

006 credits

DDF 1/81M

80

YOUR LIST

Feedback ⬅ Compare your completed list of mistakes, overlooked by by Resource Person, with the Model List given below.

Model List

1. There was no payment included in the registration packet. This registration would never have been processed.
2. No student number appeared on any of the forms. Since Joe attended Temple University before, he was assigned a student number which should have appeared on the forms. If Joe did not know his student number then this should have been indicated on the forms.
3. The wrong department number was used on all forms. It should have been 01924.
4. Joe should not have been registered for six credits of 204. Taking into consideration the fact that he was incomplete in 6 credits of IE 204 from last semester, he should have been registered as an audit. The forms should indicate registration for 3 credits of IE 101 and 3 credits of IE 102.
5. The wrong class card was placed in the registration packet. This is a direct result of the oversight outlined in mistake 4. An IE 101 class card for 3 credits, and an IE 102 class card for 3 credits should have accompanied this registration.

LEVEL OF PERFORMANCE

Your completed critique and list, of the two Case Studies given, should have covered the same major points as the model responses. If you missed some points or have questions about any additional points you made, review

the material in the information sheets, Registration Procedures, pp. 6-13, and/or, Registration Materials, pp. 18-46, or check with your Resource Person.

Optional Activity ⇨ You may wish to continue your skill development by arranging, with your Resource Person, a time for you to observe him/her conducting the registration process.

LEARNING EXPERIENCE IV

Terminal Objective

In an actual program situation, register interns/learners for C.B.T.E. programs.

Activity

As you conduct your activities as a Resource Person, you will be required to register learners for C.B.T.E. programs. Your Resource Person may require you to schedule this activity a few days in advance. He/she may also want you to submit a written plan of your activities before you register learners for C.B.T.E. programs.

Feedback

Arrange in advance to have your Resource Person review your documentation and observe you registering interns for C.B.T.E. programs. Your total competency will be assessed, by your Resource Person, using the Resource Person's Assessment Form, pp. 81-82. Based upon the criteria specified in the assessment instrument, your Resource Person will determine whether you are competent in registering learners for C.B.T.E. programs.

RESOURCE PERSON ASSESSMENT FORM

Register Interns/Learners for C.B.T.E. Programs

Directions: Indicate the level of the Resource Person's accomplishment by placing an X in the appropriate box under LEVEL OF PERFORMANCE heading. If, because of special circumstances, a performance component was not applicable, or impossible to execute, place an X in the N/A box.

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
When registering learners for C.B.T.E. programs, the Resource Person:						
1. conducted a preliminary needs assessment relative to program work						
2. completed Preregistration Phase successfully						
a. made administrative contacts						
b. selected a central site for registration						
c. selected an appropriate time for registration						
d. issued a complete memorandum announcing the specifics of registration to all assigned schools						
e. gathered a sufficient amount of materials to complete registration . . .						
3. Completed the Registration Phase successfully						
a. arrived at registration site early . .						
b. followed a written plan for registering learners						
c. insured that new learners to programs completed the appropriate Application Form and a Student Data Maintenance Form						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
d. checked all completed registration materials for accuracy						
e. insured that checks, for the proper amount, made payable to Temple University were enclosed						
f. enclosed appropriate class card(s), for appropriate course(s), in the Off Campus Registration Packet						
g. checked that registrants' names and social security numbers were recorded on the registration envelopes						
h. completed or updated a Module Completion Form for all learners						
i. provided learners with a C.B.T.E. Module Order and Availability Form and a Module Request Form						
j. completed an Individual Conference Form for each learner registered . . .						
k. completed the Registration Cover Sheet in triplicate						
4. completed the Post Registration Phase successfully						
a. appropriately organized registration materials						
b. returned completed registration materials to the correct university official						

LEVEL OF PERFORMANCE: All items must receive N/A, GOOD, or EXCELLENT responses. If any item receives a NONE, POOR, or FAIR response, the Resource Person trainee and his/her Resource Person should meet to determine what additional activities the trainee needs to complete in order to reach competency in the weak area(s).

ABOUT USING RESOURCE PERSON MODULES

ORGANIZATION

Each module is designed to help you gain competency in a particular skill area considered important to success when functioning as a Resource Person. A module is made up of a series of learning experiences, some providing background information, some providing practice experiences, and others combining these two functions. Completing these experiences should enable you to achieve the terminal objective in the final learning experience. The final experience in each module always requires you to demonstrate the skill when functioning in the role of the Resource Person.

PROCEDURES

Modules are designed to allow you to individualize your preparation program. You need to complete only those modules covering skills which you do not already possess. Similarly, you need not complete any learning experiences within a module if you already have the skill needed to complete it. Therefore, before taking any module you should carefully review (1) the introduction (2) the objectives listed (3) the overview preceeding each learning experience, and (4) the final experience. After comparing your present needs and competencies with the information you have read in these sections, you should be ready to make one of the following decisions:

That you do not have the competencies indicated and should complete the entire module.

That you are competent in one or more of the enabling objectives leading to the final learning experience, and thus can omit that (those) learning experience(s).

That you are already competent in this area and ready to complete the final learning experience in order to **Test Out**.

That the module is inappropriate to your needs at this time.

When you are ready to take the final learning experience and have the opportunity to function in the role of Resource Person, make the necessary arrangements with your Resource Person. If you do not complete the final experience successfully, meet with your Resource Person and arrange (1) to repeat the experience (2) complete (or review) previous sections of the module or other related activities suggested by your Resource Person before attempting to repeat the final experience.

TITLE OF MODULES IN RESOURCE PERSON SERIES

- Conduct A CBTE Orientation Program
- Register Learners For CBTE Programs
- Provide Administrative Services
- Establish And Maintain Records In The VITAL Management Information System
- Select Appropriate Modules
- Conduct An Observation Session
- Conduct A Helping Conference
- Assist Learners In Obtaining The Various Vocational Instructional Certificates Issued In Pennsylvania
- Facilitate A Council Of Educators' Review
- Evaluate A Product Or Process Type Teaching Performance
- Monitor The Progress Of A Resident Resource Person
- Conduct A Small Group Meeting
- Instruct Others To Set-Up And Operate A Video System

For information regarding the availability of these modules, contact-

VEIN
Vocational Education Resource Services
Stayer Research and Learning Center
Millersville State College
Millersville, PA 17551